



**MASSACHUSETTS
GENERAL HOSPITAL**

Boston, Massachusetts

**Fine Needle Aspiration Biopsy Clinic
Requisition Form
Division of the Cytopathology Laboratory
Department of Pathology 726-3980**

PATIENT IDENTIFICATION AREA

Clinical History: _____ Date: _____

Documented history of malignancy: _____

Therapy radiation chemotherapy surgical resection

Requesting Physician: _____

Additional Reports to: _____

Call Back # _____

Cytology #:

ICD CODE (required):

Biopsy Site:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Soft tissue |
| <input type="checkbox"/> Head/Neck,NOS | <input type="checkbox"/> Subcutaneous |
| <input type="checkbox"/> Salivary Gland | <input type="checkbox"/> Fat pad |
| <input type="checkbox"/> Parotid | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Submandibular | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Lacrimal | <input type="checkbox"/> Bone |
| <input type="checkbox"/> Lymph node | other _____ |

Lesion Characteristics:

- well-defined
 poorly-defined
 soft
 hard
 rubbery
 mobile
 SIZE: _____

Radiological Data:

- Mammo/US/CT (circle)
 suspicious
 indeterminate
 negative/benign
 solid
 cystic
 solid and cystic

Procedure Notes:

Consent: verbal written

Total number of passes:

Needle size

- 23g 25g 27g

Rapid:

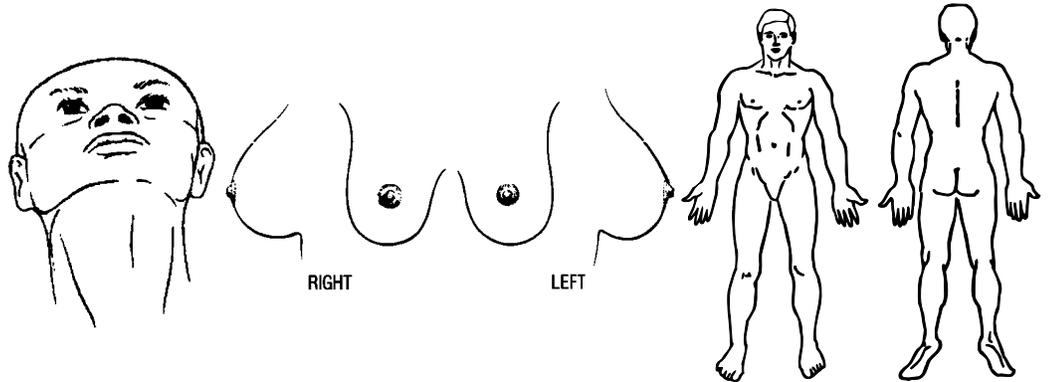
- _____ number of slides
 _____ Diff-Quik
 _____ Pap
 _____ H&E

Material for Permanents:

- _____ Air Dried
 _____ Fixed
 _____ Fluid
 _____ saline
 _____ cytolite
 Flow cytometry
 Electron Microscopy
 Other

Complications:

- No
 Yes: (specify)



Rapid interpretation:

 FNAB physician

 Cytopathology Fellow/Resident

Results Reported to: _____
 at _____ AM/PM

Patient Disposition: _____

SAME AS 1