



MASSACHUSETTS
GENERAL HOSPITAL

Multiple Sites Fine Needle Aspiration
Biopsy Procedure Note (Page 1 of 2)

Patient Name

MRN
DOB

Date

AFFIX LABEL HERE

N-____-_____

Chief Complaint: This ____ year old [fe/male] was referred to the Pathology FNAB Service by _____
[MD/NP] for consultation and diagnosis of multiple lesions.

Clinical History:

Review of constitutional symptoms: [] generally feeling well. [] _____.

Physical Exam: [] **Constitutional:** The patient appeared well-developed, well-nourished, and in no acute distress.

Site #1: The [right/left/midline] _____ showed a _____ cm

tender	well-defined	round	soft	mobile	erythematous	mass	ridge
non-tender	ill-defined	ovoid	firm	fixed	fungating	nodule	thickening
		irregular	hard	raised		swelling	lymph node
			rubbery				

[] Ultrasound evaluation of site #1 showed a _____ x _____ x _____ cm lesion that was

well-defined	ovoid	solid [and]	homogeneously	hyperechoic [and]	with/out significant internal vascularity with/out notable peripheral vascularity with posterior enhancement/shadowing
ill-defined	round	cystic	heterogeneously	hypoechoic [and]	
	irregular	_____		isoechoic [and]	
	encapsulated	wider than tall		anechoic	
		taller than wide			

Site #2: The [right/left/midline] _____ showed a _____ cm

tender	well-defined	round	soft	mobile	erythematous	mass	ridge
non-tender	ill-defined	ovoid	firm	fixed	fungating	nodule	thickening
		irregular	hard	raised		swelling	lymph node
			rubbery				

[] Ultrasound evaluation of site #2 showed a _____ x _____ x _____ cm lesion that was

well-defined	ovoid	solid [and]	homogeneously	hyperechoic [and]	with/out significant internal vascularity with/out notable peripheral vascularity with posterior enhancement/shadowing
ill-defined	round	cystic	heterogeneously	hypoechoic [and]	
	irregular	_____		isoechoic [and]	
	encapsulated	wider than tall		anechoic	
		taller than wide			



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Physical Exam (continued):

Site #3: The [right/left/midline] _____ showed a _____ cm

tender	well-defined	round	soft	mobile	erythematous	mass	ridge
non-tender	ill-defined	ovoid	firm	fixed	fungating	nodule	thickening
		irregular	hard	raised		swelling	lymph node
			rubbery				

[] Ultrasound evaluation of site #3 showed a _____ x _____ x _____ cm lesion that was

well-defined	ovoid	solid [and]	homogeneously	hyperechoic [and]	with/out significant internal vascularity with/out notable peripheral vascularity with posterior enhancement/shadowing
ill-defined	round	cystic	heterogeneously	hypoechoic [and]	
	irregular	_____		isoechoic [and]	
	encapsulated	wider than tall		anechoic	
		taller than wide			

Ultrasound images were obtained and stored on a secure departmental server, and are available upon request.

Assessment: Based on the clinical history and physical examination, an FNAB is **[not]** warranted of at least one site.
[] **The decision not to perform biopsy of any site was discussed with the patient and the referring physician.**

Procedure: The procedure and potential complications were explained to the patient, who understood the purpose, risks, and benefits of the procedure. The patient confirmed name, date of birth, and lesion(s) to be aspirated. Written consent was obtained.

Site #1: _____ The biopsy was performed using [] **ultrasound guidance** [] **palpation.**

_____ aspirate(s) [was/were] performed using [23 and 25] gauge needles with[out] anesthesia and with[out] complications.

_____ slide(s) [was/were] stained for immediate evaluation. **[Additional tissue was submitted for further evaluation.]**

Site #2: _____ The biopsy was performed using [] **ultrasound guidance** [] **palpation.**

_____ aspirate(s) [was/were] performed using [23 and 25] gauge needles with[out] anesthesia and with[out] complications.

_____ slide(s) [was/were] stained for immediate evaluation. **[Additional tissue was submitted for further evaluation.]**

Site #3: _____ The biopsy was performed using [] **ultrasound guidance** [] **palpation.**

_____ aspirate(s) [was/were] performed using [23 and 25] gauge needles with[out] anesthesia and with[out] complications.

_____ slide(s) [was/were] stained for immediate evaluation. **[Additional tissue was submitted for further evaluation.]**

Disposition: The immediate interpretations were **[not]** discussed with the patient. _____, **[MD/NP]** was notified of the preliminary results by **[text message/email/phone/personal communication]** at _____: _____ **[AM/PM]**.

Biopsied by:	
_____ []	
Resident/Fellow	
_____ []	
Attending	

Rapid Fee Codes:
88172 x _____
88177 x _____

Consultation Fee Codes:	
Patient H&P	99242-NCT (FNAB Clinic, +constitutional) 99252-NCT (Inpatient, +constitutional)
FNA Biopsy	10005 (U/S used, first lesion) +10006 x _____ (2 nd , 3 rd lesions)
	10021 (Palpation, first lesion) +10004 x _____ (2 nd , 3 rd lesions)