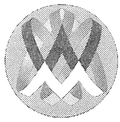

WESTCHESTER MEDICAL CENTER
ADVANCED LABORATORY SERVICES

CYTOLOGY & FNA REQUISITION

Requesting Physician

PATIENT DATA

Last Name: First Name:

Date of Birth: ___/___/___ Gender: M F MRN: Registration No:

Specimen collected by:

Date Time

INSURANCE BILLING INFORMATION

Patient Telephone Number (9 am to 5 pm) (   )

Insured's Name (If different from patient):

Relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Patient Address:

City | State: | Zip:

Medicare ID Number: ☐ Regular ☐ Railroad

Medicaid ID Number (Including Suffix/Person No)

Physician Signature:

Insurance Name/Plan/HMO

Policy ID Number: | Group/Book Number: | Category Number:

ADVANCED BENEFICIARY NOTICE (ABN)

An ABN (see reverse side of this requisition) must be signed when the doctor determines that the reason for the test requested does not meet local or national medical review policy requirements.

ICD9 DX Codes:

NON GYN CYTOLOGY TESTS

FLUIDS
- ☐ ASCITES
- ☐ PLEURAL LT___ RT___
- ☐ PERICARDIAL
- ☐ PERITONEAL
- ☐ PELVIC WASHING
- ☐ OVARIAN CYST
- ☐ JOINT/SYNOVIAL
  SITE: ________
- ☐ C.S.F.
- ☐ BREAST NIPPLE DISCHARGE

URINARY
- ☐ VOIDED
- ☐ CATHETERIZED
- ☐ CYSTOSCOPY
- ☐ URETERAL LT___ RT___
- ☐ URETHRAL
- ☐ BLADDER WASHING

GASTROINTESTINAL
- ☐ ESOPHAGUS
- ☐ RECTUM
- ☐ OTHER ________

RESPIRATORY
- ☐ SPUTUM
- ☐ BRONCHIAL WASHING LT___ RT___
- ☐ BRONCHIAL BRUSHING LT___ RT___
- ☐ BRONCHIAL ALVEOLAR LAVAGE LT___ RT___
- ☐ SPECIAL STUDIES
  ___PNEUMOCYSTIS
  ___FUNGUS
- ☐ OTHER ________
- ☐ OTHER ________________

FINE NEEDLE ASPIRATION TESTS

- ☐ THYROID LT___ RT___
- ☐ BREAST LT___ RT___
- ☐ SALIVARY GLAND
- ☐ LUNG
- ☐ LIVER
- ☐ PANCREAS
- ☐ LYMPH NODE
  SITE: ________
- ☐ OTHER: ________
- ☐ SOFT TISSUE ________
- ☐ **IMMEDIATE ASSESSMENT**

PERTINENT CLINICAL INFORMATION

SIZE OF MASS:
- ☐ SOLITARY ________ CM
- ☐ MULTIPLE ________ TO ________ CM
- ☐ SOLID
- ☐ CYSTIC

☐ CHEMOTHERAPY ☐ RADIATION ☐ SURGERY

FNA Gross Description:

Fine needle aspiration was performed on __________. Total number of passes __________.

Specimen was received fresh for intraprocedural assessment and __________ smears were prepared.

_____ were stained with DQ for immediate assessment and remaining _____ smears were routingly stained with Pap stain.

The remainder of the specimen was approx ________ in volume and transferred into _____. 1 thinprep / 1 cellblock was prepared.

Intraoperative consultation performed by Dr. ____________________ : **"Adequate / Inadequate for evaluation"**

Additional material received in RPMI, which is __________ ml/mm in volume/size. Specimen sent for flow cytometry.

Additional material received fresh, which is ________ ml in volume. Material sent for molecular studies.

F-777 2/11

LAB COPY