

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Document Code: HSAAS/PATO/BR150	Cytology No:
	CYTOLOGY REQUEST FORM (FINE NEEDLE ASPIRATION)	

Hospital/Clinic/Ward			
PATIENT BIODATA		Requesting Doctor	
Name	 Signature and Stamp	
ID No:			
MRN			
Ethnicity			
D.O.B			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
PROCEDURE DETAILS			
Performed by			
Relevant Clinical History			
Radiological findings			
Site/Position			
Description of lesion			
Size of lesion	X	X	mm
Aspirates:			
Volume			
Texture	Watery / Mucoïd / Pus / others(specify) :		
Color	Blood-stained / Brownish / Yellowish / Whitish / Others(specify) :		
Lesion post FNA	No changes / Reduced in size / Collapsed		
Smear Prepared			
Diff Quik:	Air Dried:	Wet-fixed:	
REMAINING MATERIAL/NEEDLE RINSE PLACES IN A TUBE CONTAINING			
FIXATIVE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MLT IN CHARGED:			
FOR LAB USE ONLY			
STAINED SLIDES:			
DIFF QUIK:	<input type="checkbox"/> PAP	<input type="checkbox"/> MGG	<input type="checkbox"/> ZN:
SEDIMENTATION:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CELLBLOCK:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	1st Screener	2nd Screener	Pathologist
Diagnosis			
Date			
Name			