Patient Label
placed here

WakeMed
Pathology Laboratory
3000 New Bern Avenue
Raleigh, North Carolina 27610
Phone: (919) 350-8242

IN-HOUSE CYTOLOGY / TISSUE SPECIMENS

PATIENT'S NAME: _____
First *Last*

DOB: _____ Chart #: _____

Diagnosis/Signs/Symptoms in ICD-10 Format (Highest Specificity)

REQUIRED

(Diagnosis must support medical necessity requirements.)

Date/Time Procedure Performed: Date _____ Time _____

FOR BREAST SPECIMENS ONLY
Time specimen was resected: _____
Time specimen was placed in fixative: _____

CYTOLOGY

GYN CYTOLOGY

Pap Smear
ThinPrep Pap
Source: ❑ Cervical
❑ Endocervical
❑ Vaginal

HPV: ❑ Reflex on Ascus
❑ High
❑ Regardless
❑ High

❑ GC/Chlamydia on Thin Prep

Required Information
Date LMP _____
❑ Pregnant
❑ Post Partum
❑ Hyst
❑ Postmenopausal
❑ Abn. Vag. Bleeding
❑ Hormonal Rx
❑ IUD
❑ Caut
❑ Irrad.
❑ Cryo
Date _____
❑ Previous Abn. Smear
_____

HPV Test Only:
❑ High Risk

❑ GC/Chlamydia Probe
❑ Urine
❑ Swab

NON-GYN CYTOLOGY

❑ Breast ❑ RT ❑ LT
❑ Cyst Asp.
❑ Solid Mass
❑ Nipple Disc.
❑ Neck Asp. ❑ RT ❑ LT
❑ Salivary
❑ Lymph Node
❑ Thyroid
❑ Bronchial Wash
Lobe _____
❑ Bronchial Brush
Lobe _____

❑ Sputum
❑ Pleural Fluid
❑ Cell Block
❑ Abdominal Fluid
❑ Cell Block
❑ Urine
❑ Voided
❑ Catherized
❑ CSF
❑ Colonic Brush
❑ Esoph. Brush
❑ Gastric Brush
❑ Other _____

LAB USE

Documentation of FNA Performance

Performed by: _____
Patient Identification checked: _____
Episode No.: _____ No. of Passes: _____
Needle Rinses: _____
Immediate assessment: _____
_____
_____
_____
_____
_____
_____

Episode No.: ____ No. of Passes: ____
Needle Rinses: ____
Immediate assessment: _____
_____
_____
_____
_____
_____
_____

Prelim given to: _____ at _____
Signature: _____
Date: _____

Frozen Section / FNA Impression

HISTOLOGY-TISSUE SPECIMEN

Ordering Physician: _____

Surgeon: _____

Clinical History

Previous Surgical Specimen
WakeMed _____ Other _____
Accompanying Cytology ❑ Yes ❑ No

Preoperative Diagnosis

Postoperative Diagnosis

SPECIMENS

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____