

Client Name: \_\_\_\_\_

✓ Physician's Last Name, First Name	✓ Physician's Last Name, First Name
[ ] _____	[ ] _____
[ ] _____	[ ] _____
[ ] _____	[ ] _____
[ ] _____	[ ] _____
[ ] _____	[ ] _____
[ ] _____	[ ] _____

**Signature of Ordering Provider and Date**

(Signature must be dated, legible, and include first and last name)

Printed Name \_\_\_\_\_

**PATIENT INFORMATION – Please PRINT or place label here**

Name \_\_\_\_\_  
Last First MI

SS# \_\_\_\_\_

DOB \_\_\_\_\_ SEX \_\_\_\_\_  
MO / DAY / YEAR

**BILLING – PLEASE INCLUDE FACESHEET**  
IF NO BILLING INFORMATION IS PROVIDED  
YOUR ACCOUNT WILL BE BILLED.

- ☐ PRIOR AUTHORIZATION  
☐ PHYSICIAN / ACCOUNT  
☐ PATIENT DEMOGRAPHICS AND  
INSURANCE INFORMATION ATTACHED  
☐ BCCP, Alpha ID# \_\_\_\_\_

**SBMF USE ONLY**  
Accession #/Label

**SPECIMEN COLLECTION**

Date and Time \_\_\_\_\_ ☐ AM ☐ PM

Collector's Initials: \_\_\_\_\_  
**PRIORITY** ☐ Routine ☐ Phone ☐ STAT ☐ Fax# \_\_\_\_\_

Performing Radiologist/Physician: \_\_\_\_\_

Copy To: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Copy To: \_\_\_\_\_

**38560: NON-GYNECOLOGIC CYTOPATHOLOGY**

**Fine Needle Aspiration**

- ☐ Breast Lesion ☐ L ☐ R  
☐ Lymph Node Location \_\_\_\_\_  
☐ Lung ☐ L ☐ R  
☐ Salivary Gland ☐ L ☐ R  
Specify \_\_\_\_\_  
☐ Other FNA ☐ L ☐ R  
Specify: \_\_\_\_\_  
☐ Thyroid #1 \_\_\_\_\_ ☐ L ☐ R  
☐ Thyroid #2 \_\_\_\_\_ ☐ L ☐ R  
☐ w/Reflex to ThyroSeq

**Fluids**

- ☐ Cerebrospinal Fluid  
☐ Pleural Fluid  
Source: ☐ L  
☐ R  
☐ Bilateral  
☐ Peritoneal Fluid  
☐ Pelvic Wash  
☐ Urine  
Source: ☐ Cath/Cysto ☐ Ureter  
☐ Voided ☐ Other \_\_\_\_\_  
☐ Breast Discharge  
☐ Other Specify: \_\_\_\_\_

**CLINICAL HISTORY REQUIRED**

Please specify patient history and clinical/radiological finding.

**FOR LABORATORY USE ONLY**

\_\_\_\_\_ Collected Smears, total \_\_\_\_\_  
\_\_\_\_\_ Received Smears, total \_\_\_\_\_  
☐ Fixed \_\_\_\_\_ ☐ Unfixed \_\_\_\_\_  
Wash ☐ yes ☐ no ☐ ThyroSeq Vial  
Received # \_\_\_\_\_ (CC) \_\_\_\_\_ Color  
Fluid: ☐ Fixed ☐ Unfixed  
Received # \_\_\_\_\_ (CC) \_\_\_\_\_ Color  
Fluid: ☐ Fixed ☐ Unfixed