



Fine Needle Aspiration Clinic and Cytopathology
 Department of Pathology
 1825 Fourth Street, L2190
 San Francisco, CA 94143
 Tel (415) 885-7301 Fax (415) 353-7676
 Hours: 9:30AM to 5:00PM Monday through Friday

MRN#

C:

Patient Name (Last, First, M):

Date of Birth: Age: Sex:

**NON-GYNECOLOGIC
 CYTOLOGY REQUEST FORM**

SPECIMEN DATE:

REQUESTOR INFORMATION

COMPLETE ALL ITEMS - PRINT LEGIBLY

Ordering Provider _____ UCSF Provider # _____ Clinic Name: _____
 Provider is a(n): Attending Resident/Fellow Allied Health Practitioner
(attending info. req'd.) (Incl. attending info. if req'd.) **(Required)**

Attending Physician _____ UCSF Provider # _____ Phone/Pager: _____
(Print Name) **(Required)**

Copy to: _____ Address _____
(Print Name)

MEDICAL NECESSITY and ICD CODES - REQUIRED
 ICD code(s) is/are necessary to indicate medical necessity and for billing purposes. If a carrier might not pay for a test, inform the patient and have them sign Advanced Beneficiary Notice (ABN) to be attached to requisition, indicating responsibility to pay in case of carrier denial of payment.
CA STATE REG. REQUIRE ORDERING PROVIDER TO STATE SOURCE OF SPECIMEN, AGE, PERTINENT HISTORY AND SLIDE ID.

ICD Code CLINICAL HISTORY AND PRESENTATION

--	--

Body Cavities <input type="checkbox"/> Pleural <input type="checkbox"/> Pericardial <input type="checkbox"/> Ascitic <input type="checkbox"/> Peritoneal Wash <input type="checkbox"/> Pelvic Wash <input type="checkbox"/> Diaphragm	URINARY <input type="checkbox"/> Urine, Voiced <input type="checkbox"/> Urine, Cath <input type="checkbox"/> Bladder Wash <input type="checkbox"/> Ureteral <input type="checkbox"/> Urethral <input type="checkbox"/> Neo Bladder	GI <input type="checkbox"/> Esophageal <input type="checkbox"/> Gastric <input type="checkbox"/> Bile Duct <input type="checkbox"/> Duodenal <input type="checkbox"/> Colonic	Respiratory <input type="checkbox"/> Sputum <input type="checkbox"/> Induced Sputum <input type="checkbox"/> Bronchial Brush <input type="checkbox"/> Bronchial Wash	CNS <input type="checkbox"/> CSF <input type="checkbox"/> Ventrical <input type="checkbox"/> Cyst Other <input type="checkbox"/> Nipple Discharge <input type="checkbox"/> _____	Fine Needle Aspiration <input type="checkbox"/> Lung <input type="checkbox"/> Thyroid <input type="checkbox"/> Breast <input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Salivary Gland <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas <input type="checkbox"/> Lymph Node <input type="checkbox"/> Soft Tissue / Bone
--	---	---	---	--	--

To Request Mt. Zion FNA: see back for instructions.

Concurrent Tissue Radiation Therapy Chemotherapy Hormonal Therapy

R BREAST L Breast Distance from nipple _____ cm _____ o'clock position Size of Mass _____ cm	R THYROID & NECK L 	R L 	R ABDOMEN L 	PHYSICIAN'S OPTIONAL DRAWING
---	------------------------	---------	-----------------	---------------------------------

FOR LABORATORY USE ONLY

Specimen Description: _____ cc.
 Prepared by: _____
 Clear Cloudy Partic.
 Bloody Mucoïd Clotted
 Yellow Fresh Refrigerated
 Number of Slides:
 Direct: Pap _____ MGG _____ Other _____
 Concentrated: ThinPrep _____ Spin _____ Filter _____
 Special Stain(s) _____ Cell Block _____

Two patient identifiers and FNA site checked by: _____
 Verbal consent obtained and brochure provided: _____
 Comment by Aspirator: _____

COMMENTS

Rapid Interpretation/Adequacy: _____
 Aspirator _____ M.D. ID# _____

MZ-422070-008 (Rev. 04/19) ORIGINAL - MEDICAL RECORD COPY CANARY - PATHOLOGY DEPT. COPY



DIRECTIONS FOR COLLECTION OF SPECIMENS FOR CYTOLOGY

In compliance with National Patient Safety standards, please label all specimens (containers and slides) with 2 patient identifiers. Please include the patient's first and last names and one of the following: Medical Record Number or date of birth.

FINE NEEDLE ASPIRATION:

- 1) FNA biopsy inquiry call (415) 885-7301, 9:30 AM to 5:00 PM Monday through Friday.
- 2) The Mission Bay FNA Clinic is located at 1825 Fourth Street, on the 2nd Floor.
- 3) The Mount Zion FNA Clinic is located in the Helen Diller Cancer Center (H) Building at 1600 Divisadero Street, on the 4th Floor.
After entering the building, use the elevators to the left.