

Department of Surgical Pathology, 801 S. Washington Street, Naperville, IL 60540 Tel: (630) 527-3460 Fax: (630) 527-3911

Client Demographics

Patient Information/ Label

Name: _____

Medical Record Number: _____

DOB: _____ Age: _____

Billing number: _____

Requisition prepared by: _____ Date of Service: _____ Time of Procedure: _____

Location: Doctor's office Radiology OR/Minor procedure _____ Other _____

CLIENT INFORMATION

Submitting Physician: _____ Primary Physician: _____

Additional Physician with Fax number: _____

CLINICAL INFORMATION

Thyroid FNA: _____

Pertinent thyroid history (Check if applicable):

_____ Single nodule _____ Multiple nodules _____ Previous Thyroid FNA _____ Previous Thyroid Surgery

_____ History of neck irradiation _____ Thyroid medication _____ Family history of thyroid disease _____

Non- Thyroid FNA: _____

SPECIMEN(S) SUBMITTED

Imaging studies

(Include size, calcification, solid, cystic, complex)

- A. **Site** _____ Left ___ Right ___
Passes _____ # Slides _____ # Cytolyt _____ RPMI _____
- B. **Site** _____ Left ___ Right ___
Passes _____ # Slides _____ # Cytolyt _____ RPMI _____
- C. **Site** _____ Left ___ Right ___
Passes _____ # Slides _____ # Cytolyt _____ RPMI _____
- D. **Site** _____ Left ___ Right ___
Passes _____ # Slides _____ # Cytolyt _____ RPMI _____
- E. **Site** _____ Left ___ Right ___
Passes _____ # Slides _____ # Cytolyt _____ RPMI _____

LAB USE ONLY (immediate assessment)

- Pass # 1 _____ Pass # 5 _____
- Pass # 2 _____ Pass # 6 _____
- Pass # 3 _____ Pass # 7 _____
- Pass # 4 _____ Pass # 8 _____

For any patient of any payer, only order those test which are medically reasonable and necessary for the diagnosis and treatment of the patient as defined by Medicare. Some tests have diagnosis and/or frequency limitations and may not be covered.