LOCATION:
Address:
Phone and Fax:

Ordering physician:

Effective 10/1/15: For ICD-10 requirements, please include site(s) and detailed clinical information available for each specimen.

Clinical Impression/History:

FLOW CYTOMETRY ONLY: Site ___________________________

NON-GYN CYTOLOGY SPECIMEN:

Specimen Site		Size of Lesion	Character of Lesion	Fine Needle Aspiration Material
[ ] Right	[ ] Lymph node	[ ] < 1 cm	[ ] Cystic	[ ] Air-Dried, # of smears: ________
[ ] Left	[ ] Parotid gland	[ ] 1 - 2 cm	[ ] Solid	[ ] Fixed, # of smears: ___________
[ ] Midline	[ ] Neck mass	[ ] 2 - 4 cm	[ ] Single	[ ] Fluid for cell block: Y N
[ ] Other	[ ] Thyroid	[ ] > 4 cm	[ ] Multiple	[ ] Other_______________________
___________	[ ] Other ________			[ ] Include **Flow Cytometry**

TISSUE BIOPSY SPECIMEN:

Specimen Site:

1. [ ] include **Flow Cytometry**
2. [ ] include **Flow Cytometry**
3. [ ] include **Flow Cytometry**

Culture
Site ___________________ Test requested___ Aerobic ___Anaerobic ___Fungal (universal top)