

AP Label	 Penn Medicine Penn Presbyterian Medical Center Anna Moran, M.D., Medical Director 51 No. 39th Street, Philadelphia, PA 19104 Phone: 215.662.8963; Fax: 215.662.1694 <h2 style="margin: 0;">Cytopathology</h2> <h3 style="margin: 0;">Non-Tissue Specimens Only</h3>	<p style="font-size: small; margin: 0;">PLACE PATIENT LABEL COMPLETE THE FOLLOWING IF LABEL UNAVAILABLE</p> <p>Name DOB</p> <p>Address Age</p> <p>Medical Record No. Sex</p> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 10px;"> Page # of </div>
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Date of Operation/Procedure:	OR# or Clinic Location:	Operation/Procedure:
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PLEASE PRINT
Ordering Clinician Name: Additional Reports to: Attending Surgeon / Proceduralist Name and Cell Phone #:

Clinical History: (Include prior pathologic diagnoses; include LMP if appropriate) **ICD-10** _____

Previous Cytology: No Yes **If yes, specify:**
Infectious Precautions: No Yes **If yes, specify:**
Previous Chemotherapy: No Yes **Previous Radiation:** No Yes **Hormones:** No Yes

Additional Clinical History:

Specific question(s) to be answered by consultation, including special studies:

Perform Molecular Testing, when clinically appropriate, as outlined in "Molecular Profile Algorithm" policy.
 Rule Out Lymphoma (In Normosol)
 Other

Aspiration (FNA)	Fluid	GI Brushing	Respiratory	Urinary																																													
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Other / Not listed above (please print)

Rush: Bronchioalveolar Lavage and CSF only

Person completing this form Please print	Person sending the specimen if different from person completing this form Print name	If applicable, person hand-delivering the specimen Print name
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FOR PATHOLOGY USE ONLY IN THIS BOX

Fine Needle Aspiration Assessment

Number of Passes: _____ Site: _____ Performed by: _____

1. _____	4. _____	Billing
2. _____	5. _____	88173 (x1)
3. _____	6. _____	88172 (x1)
Impression: _____ Pathologist(s): _____ CP CPI		88177 (x __)
Service: 1 2 3 4 # Slides: Fixed _____ Air Dried _____ Separate specimen for: _____		10021 (x1)

Containers: Fresh (Normosol) _____ Fixed (Cytolyt) _____ Fluid Volume: _____ # Slides: Fixed _____ Air Dried _____

Picked up/ Received by: _____ Total Number of Specimens picked up/received: _____