|  |  |  |
| --- | --- | --- |
| **Specimen types** | [ ]  Fine needle aspiration | [ ]  Exfoliative cytology (สำหรับWard/OR) |
|  | [ ]  Thyroid gland[ ]  Neck mass[ ]  Lymph node[ ]  Salivary gland[ ]  Breast[ ]  อื่นๆ(ระบุ) …………………….. |  | [ ]  Pleural effusion [ ]  Pericardial fluid[ ]  Sputum [ ]  Bronchial washing [ ]  Bronchial brushing[ ]  BAL [ ]  Bronchial aspiration[ ]  Ascitic fluid [ ]  CSF [ ]  Bladder washing [ ]  อื่นๆ(ระบุ) ………………. |
| **Previous treatments** [ ]  Surgery [ ]  Radiation [ ]  Chemotherapy[ ]  HRT [ ]  อื่นๆ(ระบุ) ………………. |
| **Clinical history:** ……………………………………………………………………………………………………………………………………………………**Important laboratory investigations or radiographic findings:** ………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………….**Clinical diagnosis** …………………………………………………………………………………………………………………………………………………**ผู้ส่ง** .................................................................................................... **เบอร์โทรศัพท์** ……………………………………………………….**แพทย์เจ้าของไข้**..................................................................................**เบอร์โทรศัพท์** ………………………………………………………**ผู้รับสิ่งส่งตรวจ**............................................................................................................................................................................ |
| **Specimen characteristics** | Slide จำนวน ………………………….. slide(s) (สำหรับห้องปฏิบัติการ)Fixation [ ]  Alcohol [ ]  Air-dried  |
|  | Fluid ………………… ml. ([ ]  Clear [ ]  Turbid ) จำนวน container: ……………………………….Morphology/color(s) [ ]  Bloody [ ]  Yellow [ ]  Green/ Greenish-yellow [ ]  Mucous [ ]  Brown [ ]  Brownish-black [ ]  อื่นๆ(ระบุ) …………………… |
| **Microscopic****examination** | Specimen adequacy [ ]  Satisfactory [ ]  UnsatisfactoryFindings …………………………………………………………………………………………………………………………Cytological diagnosis …………………………………………………………………………………………………… |
| **NOTE** | .................................................**Cytotechnologist/Screener****Report date:** …………………… | …………………………….………..…**Pathologist****Report date:** …………….. |