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| --- | --- | --- | --- | --- | --- | --- |
| **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  Unsatisfactory  Findings …………………………………………………………………………………………………………………………  Cytological diagnosis …………………………………………………………………………………………………… | | | | | |
| **NOTE** | | | .................................................  **Cytotechnologist/Screener**  **Report date:** …………………… | | | …………………………….………..…  **Pathologist**  **Report date:** …………….. |