

THYROID FNA CYTOLOGY Request Information



Family name

Given name(s)

Date of birth

Date of request

Sex

- Male
 Female
 Intersex/indeterminate

Ethnicity

- Unknown
 Aboriginal/Torres Strait Islander (AU)
 Maori (NZ)
 Other ethnicity:

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Requesting doctor - name and contact details

Principal clinician caring
for the patient

CLINICAL INFORMATION

History of prior surgery/radiation

Thyroid function test results

T3

T4

TSH

Thyroid antibodies

NODULES

Nodule identifier	Location	Size	Radiologic/sonographic appearance	Calcification	Sampled (if applicable)
	<ul style="list-style-type: none"> • Right upper lobe • Right middle lobe • Right lower lobe • Left upper lobe • Left middle lobe • Left lower lobe • Isthmus 		Record all that apply: <ul style="list-style-type: none"> • Cystic • Solid • Mixed • Other (describe) 	<ul style="list-style-type: none"> • Absent • Present 	

Other relevant information and comments



Please attach a copy of the radiology report with the request form

PROCEDURAL INFORMATION (Please complete the following if biopsied material is submitted with the request form).

Date of FNA

DD – MM – YYYY

Direct by palpation Ultrasound guided

FNA operator (name, contact details)

[Empty text box for FNA operator details]

Radiologist Surgeon Pathologist present

Other:

[Empty text box for other details]

Sampled nodules

Nodule id.	Location (of aspirated nodule) <ul style="list-style-type: none"> • Right upper lobe • Right middle lobe • Right lower lobe • Left upper lobe • Left middle lobe • Left lower lobe • Isthmus 	Nodule aspirated to dryness			No. of passes	General appearance of aspirate
		No	Yes	Residual mass?		

Lymph nodes

Not sampled Sampled

LN identifier	Location	Size	Level

Any difficulties experienced with the aspiration

[Empty text box for difficulties]

Sedation (level and type)

[Empty text box for sedation]

OTHER CLINICAL INFORMATION RECEIVED

[Empty text box for other clinical information]