

Tucson Pathology Associates



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A Division of Pathology Specialists of Arizona, LLC

Fine Needle Aspiration Requisition

Please Print Clearly

Date

Clinical DX

Please provide all patient information including insurance or a copy of the card.

Patient's Name

Or Label

ICD10

DOB

Sex

Phone 1 #

Phone 2 #

For TPA
use only

Patient's Address

City State

Zip

Patient's Insurance Info

Copy of Card: Y N

Physician Copy to Fax Paper Web

Ordering Physician Signature Date

Specimen Description

A	<input type="text"/>	<input type="checkbox"/> L <input type="checkbox"/> R	B	<input type="text"/>	<input type="checkbox"/> L <input type="checkbox"/> R
C	<input type="text"/>	<input type="checkbox"/> L <input type="checkbox"/> R	D	<input type="text"/>	<input type="checkbox"/> L <input type="checkbox"/> R

Material Obtained

A	<input type="text"/>	B	<input type="text"/>						
Fixed # <input type="checkbox"/>	Air Dried # <input type="checkbox"/>	CB <input type="checkbox"/>	CS <input type="checkbox"/>	Pass # <input type="checkbox"/>	Fixed # <input type="checkbox"/>	Air Dried # <input type="checkbox"/>	CB <input type="checkbox"/>	CS <input type="checkbox"/>	Pass # <input type="checkbox"/>
C	<input type="text"/>	D	<input type="text"/>						
Fixed # <input type="checkbox"/>	Air Dried # <input type="checkbox"/>	CB <input type="checkbox"/>	CS <input type="checkbox"/>	Pass # <input type="checkbox"/>	Fixed # <input type="checkbox"/>	Air Dried # <input type="checkbox"/>	CB <input type="checkbox"/>	CS <input type="checkbox"/>	Pass # <input type="checkbox"/>
Formalin <input type="checkbox"/>	RPMI <input type="checkbox"/>	Culture <input type="checkbox"/>	Performing Physician	<input type="text"/>					

For TPA use only

Date and Time Received Specimen Receiver Accessioner