# Fine Needle Aspiration Biopsy (FNA)

**Performed by:**

**Age:** [ ]

**Sex:**

**Previous Cancer:**

**Previous Irradiation:**

**Smoking:**

**Clinical History/Clinical Diagnosis:**

- Request Pathologist retrospective review of previous material (cytologic-histologic correlation of slides on file at HFHS) to account for diagnostic discrepancies.

## Gynecological Specimen

- **HISTORY (CHECK ALL THAT APPLY):**
  - [ ] Age ______ LMP ______ YES
  - [ ] Hysterectomy
  - [ ] Pregnant
  - [ ] Intrauterine Device
  - [ ] Hormones
  - [ ] Hormone Replacement Therapy
  - [ ] Other
  - [ ] Birth Control Pills

- **SCREENING/Routine PAP (ABSENCE OF SIGNS/SYMPTOMS) ONE BOX BELOW MUST BE CHECKED**
  - [ ] V76.2- Low Risk-Screening
  - [ ] V76.49-Low Risk-Without Uterus/Cervix
  - [ ] V15.89-High Risk
  - [ ] V72.31-Routine Gynecological Exam

## Diagnostic Code # (Required)

- **DIAGNOSTIC PAP**
  - [ ] Low Grade Squamous intraepithelial lesion (SIL)
  - [ ] High Grade Squamous intraepithelial lesion (SIL)
  - [ ] Endocervical Adenocarcinoma in situ

- **SYMPTOMS PRESENT**
  - [ ] Epithelial atypia
    - [ ] Squamous
      - [ ] Atypical Squamous Cells of Undetermined Significance (ASCUS)
      - [ ] Atypical Squamous Cells, Cannot rule out High grade (ASCCH)
      - [ ] Human Papilloma Virus (HPV) test
    - [ ] Glandular
    - [ ] Endocervical
    - [ ] Endometrial
    - [ ] Not otherwise specified

## Non-Gynecological Specimen

- **Instrumentation:**
  - [ ] Bladder Wash
  - [ ] Post Cystoscopy
  - [ ] Catheterized Urine

- **SPEdM ADEQUACY:**
  - [ ] Unsatisfactory
  - [ ] Less Than Optimal
  - [ ] Satisfactory

- **DIAGNOSIS:**
  - [ ] Suspicious for cancer
  - [ ] Diagostic of cancer

## Fine Needle Aspirate (FNA)

- **SPECIMEN ADEQUACY:**
  - [ ] Unsatisfactory
  - [ ] Less Than Optimal
  - [ ] Satisfactory

- **DIAGNOSIS:**
  - [ ] Squamous cell carcinoma
  - [ ] Adenocarcinoma
  - [ ] Malignant neoplasm, other

**Recommended:**

- [ ] No endocervical/metaplastic cells
- [ ] Atrophic background
- [ ] Inflammatory
- [ ] Candida
- [ ] Trichomonads
- [ ] Actinomycies

**REPORTED BY:** __________________________ PATHOLOGIST: __________________________ MD