

**BAY AREA HOSPITAL
CYTOLOGY DEPARTMENT**

THYROID FNA INFORMATION FORM

PATIENT _____ DOCTOR _____

AGE (DOB) _____ DATE _____

PREVIOUS CYTOLOGY? Y N COPY TO _____

PREVIOUS MALIGNANCY? Y N # OF SLIDES _____

PREVIOUS RADIATION? Y N CYST FLUID? Y (____ML) N

PREVIOUS THYROID SCAN? Y N TISSUE IN FIXATIVE? Y N

HORMONE/CLINICAL STATUS:

EUTHYROID

HYPERTHYROID

HYPOTHYROID



MARK LOCATION OF LESION ON DIAGRAM

PALPATION: SMOOTH IRREGULAR OTHER _____

NEEDLE PENETRATION: SOFT CYST SOLID GRITTY OTHER _____

CLINICAL IMPRESSION: _____

ADDITIONAL COMMENTS: _____
