

PATHOLOGY & CYTOLOGY SPECIMENS

Place patient identification label here.



PO1056

- Franklin Woods Community Hospital
- Indian Path Medical Center
- Johnson City Medical Center
- Johnson County Community Hospital
- Norton Community Hospital
- Smyth County Community Hospital
- Sycamore Shoals Hospital

CR = CytoRich
TBNA = Transbronchial Needle Aspirate

PATHOLOGY / CYTOLOGY:

Collection Date: _____

Physician Performing Procedure: _____ Send additional copies of report to: _____

Pre-operative Diagnosis: _____

Post-operative Diagnosis: _____

Pertinent Clinical Data: _____

Specimen # _____ Source: _____

Type: Brushing (CR) Washing (CR)
 TBNA – Wang (CR) TBNA – Wang Core (CR)
 Biopsy (Formalin) Oil Red-O (Fresh / Ice)

Fungal Stain: Yes No Frozen Section

Other: _____

Specimen # _____ Source: _____

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Nurse Signature _____ Date _____ Time _____

Physician Signature _____ Date _____ Time _____