Required Information is Highlighted

CellNetix Pathology & Laboratories

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01-07-2022

Patient Information

PATIENT LAST NAME	FIRST	M.I.	BIRTH SEX	GENDER ID
			☐M ☐F ☐X	☐M ☐F ☐X

PATIENT D.O.B.	PATIENT SOCIAL SECURITY NUMBER	PHONE	RACE/ETHNICITY

STREET ADDRESS

CITY	STATE	ZIP

Specimen Information

COLLECTION DATE	TIME

ICD-10 CODE(S)

Referring MDs

CC report to: First and Last Names

Billing Information

INSURANCE COMPANY NAME AND ADDRESS

CITY	STATE	ZIP

INSURANCE/SUBSCRIBER ID#	SUBSCRIBER NAME/RESPONSIBLE PARTY
INSURANCE/GROUP#	MEDICARE# ☐ PRIMARY ☐ SECONDARY
SECONDARY	MEDICAID (coupon attached)
☐ NO INSURANCE	WORKER'S COMP ☐ YES ☐ NO

INTERNAL USE ONLY

FINE NEEDLE ASPIRATION

SPECIMEN SOURCE (List each biopsy site by location within gland & size)

SOURCE #1

Thyroid: ☐ Left ☐ Right ☐ Isthmus
Sublocation: ☐ Upper ☐ Middle ☐ Lower

Other Source: ☐ Lymph Node ☐ Other _____
Type of Biopsy Guidance:
☐ Ultrasound ☐ Palpation ☐ Other: _____

Size of lesion (cm): _____
Ultrasound Characteristics: (If known)
☐ Hypervascular ☐ Calcs (type) _____ ☐ Air-Dried Smears: (#) _____
☐ Cystic ☐ Solid ☐ Alcohol Fixed Smears: (#) _____
☐ Irregular Margins ☐ Mixed Cystic and Solid ☐ Needle Washings: (ml of fluid) _____

SOURCE #2

Thyroid: ☐ Left ☐ Right ☐ Isthmus
Sublocation: ☐ Upper ☐ Middle ☐ Lower

Other Source: ☐ Lymph Node ☐ Other _____
Type of Biopsy Guidance:
☐ Ultrasound ☐ Palpation ☐ Other: _____

Size of lesion (cm): _____
Ultrasound Characteristics: (If known)
☐ Hypervascular ☐ Calcs (type) _____ ☐ Air-Dried Smears: (#) _____
☐ Cystic ☐ Solid ☐ Alcohol Fixed Smears: (#) _____
☐ Irregular Margins ☐ Mixed Cystic and Solid ☐ Needle Washings: (ml of fluid) _____

SOURCE #3

Thyroid: ☐ Left ☐ Right ☐ Isthmus
Sublocation: ☐ Upper ☐ Middle ☐ Lower

Other Source: ☐ Lymph Node ☐ Other _____
Type of Biopsy Guidance:
☐ Ultrasound ☐ Palpation ☐ Other: _____

Size of lesion (cm): _____
Ultrasound Characteristics: (If known)
☐ Hypervascular ☐ Calcs (type) _____ ☐ Air-Dried Smears: (#) _____
☐ Cystic ☐ Solid ☐ Alcohol Fixed Smears: (#) _____
☐ Irregular Margins ☐ Mixed Cystic and Solid ☐ Needle Washings: (ml of fluid) _____

Personal History of

☐ Hypothyroidism ☐ Malignancy ☐ Radioactive Iodine Therapy
☐ Autoimmune Thyroiditis ☐ MEN
☐ Grave's ☐ Head & Neck Radiation

Family History of

☐ Thyroid Carcinoma ☐ MEN

☐ Results of Tests for Antithyroid Antibodies: _____

☐ Prior FNA, Dates, and Diagnosis: _____

☐ Concurrent Levothyroxine Therapy: _____

☐ TSH Level: _____

☐ Scintigraphy and/or PET Results: _____

☐ Additional Information: _____

Thyroid Molecular Testing (Special Transport Media Required)

Afirma® GSC/XA -Veracyte	☐ Reflex if FLUS/AUS/SFN/FN ☐ Collect and Hold: _____ ☐ Reflex to XA if SM/M
ThyroSeq® -CBLPath	☐ Reflex if FLUS/AUS/SFN/FN/ Suspicious for Malignancy ☐ Collect and Hold: _____
ThyGeNEXT®/ ThyraMIR® -Interpace	☐ Reflex if FLUS/AUS/SFN/FN Suspicious for Malignancy ☐ Collect and Hold: _____

04-20-21