



LABORATORY FINE NEEDLE ASPIRATE BIOPSY REQUEST

Note: Use this form to book biopsies on patients with superficial / palpable lesions. Non-palpable lesion biopsies can be booked through medical imaging Form #826068

| Patient Information | | Ordering Practitioner | |
|---|-------------------|---|--|
| Personal Health Number _____ | | Name, Address, Phone, MSP Practitioner # | |
| Legal Last Name _____ | | | |
| First Name _____ | | | |
| DOB _____ | Gender _____ | Copy to Practitioner and MSP Practitioner # | |
| Address _____ | | | |
| City _____ | Postal Code _____ | Copy to Practitioner and MSP Practitioner # | |
| Phone _____ | | | |
| Please indicate site and fax request: <input type="checkbox"/> KGH (250) 862-4051 <input type="checkbox"/> RIH (250) 314-2505 | | | |

| Required Clinical Information | |
|---|---|
| <p>Is the lesion palpable?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, complete Form #826068</p> <p>Location of lesion for FNA (specify)</p> <p>_____</p> | <p>History of (✓)</p> <p><input type="checkbox"/> Immunosuppression</p> <p><input type="checkbox"/> Infection</p> <p><input type="checkbox"/> Malignancy: Site / type _____</p> <p style="padding-left: 200px;">Date _____</p> <p>Details:</p> |
| <p>Is the patient on blood thinners?</p> <p><input type="checkbox"/> Yes (specify) _____</p> <p><input type="checkbox"/> No</p> | |
| <p>Any known allergies?</p> <p><input type="checkbox"/> Yes (specify) _____</p> <p><input type="checkbox"/> No</p> | |

| Lab Use Only | |
|--|--|
| Appointment Date / Time _____ | |
| Admitting form completed and submitted: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pathologists and Cytotechnologists notified via email: | <input type="checkbox"/> Yes <input type="checkbox"/> No |