

# Tucson Pathology Associates



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A Division of Pathology Specialists of Arizona, LLC

## Fine Needle Aspiration Requisition

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Please Print Clearly

Date

Clinical DX

Please provide all patient information including insurance or a copy of the card.

Patient's Name

Or Label

ICD10

DOB

Sex

Phone #

Patient's Address

City

State

Zip

Patient's Insurance Info

Copy of Card:

Y  N

Physician

Copy to

Fax

Paper

Web

Specimen Description

A

L  R

B

L  R

C

L  R

D

L  R

Material Obtained

A

Fixed #

Air Dried #

CB

CS

Pass #

B

Fixed #

Air Dried #

CB

CS

Pass #

C

Fixed #

Air Dried #

CB

CS

Pass #

D

Fixed #

Air Dried #

CB

CS

Pass #

Formalin

RPMI

Culture

Performing Physician

For TPA use only

Date and Time Received

Specimen Receiver

Accessioner

For TPA  
use only