INSTITUT PERUBATAN DAN PERGIGIAN TERMAJU (IPPT)
UNIVERSITI SAINS MALAYSIA (USM)

Advanced Diagnostic Laboratory

FINE NEEDLE ASPIRATION CYTOLOGY REQUEST FORM

Name : Sex : ☐ Male ☐ Female

PID : Age : ☐☐

I/C no. : Race: ☐

Date of specimen : Time of specimen :

Ward/Clinic : Hospital :

Type os samlple :

For Laboratory Use Only
Master Lab No. :
Unit Lab No. :
Date/Time Received :

Lab. no. and previous diagnosis (if related) :

History, clinical/surgical findings and other relevant investigations :

Diagnosis:

Type of specimen:

Date of FNAC :

Name of Doctor:

Date:

Signature:
&
Stamp: