UNIVERSITY OF KENTUCKY CHANDLER MEDICAL CENTER
Department of Pathology and Laboratory Medicine
800 ROSE STREET, Cytology Laboratory ROOM HL416
LEXINGTON, KY 40536-0293

SPECIMEN INFORMATION:

Physician Name:_____

Name_____ Procedure Date_____
Date of Birth_____ Race__ Sex__
Social Security #_____

Procedure:

____FNA – Palpable mass

Site: _____

___ Ultrasound / FNA - Non-palpable mass

Site: _____

___ FNA Breast– Palpable mass

Site: __Right __Left
__Pregnant/Lactating
__Suspicious Mammogram
Clock Position:_____
Size_____
Texture_____

___ Ultrasound / FNA Breast– Non-palpable mass

Site: __Right __Left
__Pregnant/Lactating
__Suspicious Mammogram
Clock Position:_____
Size_____
Texture_____

Diagnosis:

Working diagnosis_____

Other History_____

Cancer : ___ No ___ Yes
Cancer Site:_____
Date_____
Therapy: ___ Radiotherapy
___ Chemotherapy
___ Cancer Surgery
Date of last therapy:_____