

FINE NEEDLE ASPIRATION OF THYROID HISTORY FORM

- History:** Prior Thyroid Malignancy
 Left Lobe Right Lobe
 Prior Thyroid Biopsy or FNA Date ____ / ____ / ____
 Left Lobe Right Lobe
 Prior Thyroid Radiation Date ____ / ____ / ____
 Currently Taking Thyroid Medication

List Drug(s): _____

Other Significant History: _____

- Aspirate:** Location
 Left Lobe Right Lobe Isthmus

Material submitted:
 Slides Number _____ Fluid Amount _____ ml

- Clinical Exam:** Euthyroid Hyperthyroid Hypothyroid
 Discrete Nodule Size _____ x _____ x _____
 Multiple Nodules
 Unilateral Bilateral
 Non-nodular thyroid enlargement

Thyroid Scan: Hot nodule Location _____
 Cold nodule Location _____

Ultrasound: Cystic Location _____
 Solid Location _____
 Mixed cystic and solid Location _____

SPECIMEN DESCRIPTION

FRESH _____ FIXED _____

AMOUNT _____ cc

APPEARANCE

Bloody Mucoid Clear Cloudy

CELL BLOCK

YES NO