

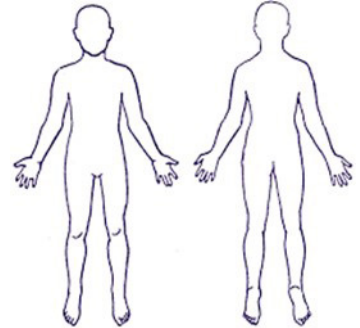
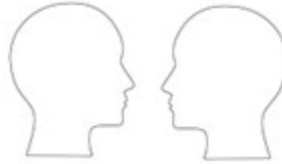
Laboratory Fine Needle Aspiration Clinic Patient Referral

Scanning Label or Accession # *(lab only)*

Patient	PHN _____ Expiry: _____		Date of Birth <i>(dd-Mon-yyyy)</i>		
	Legal Last Name		Legal First Name		Middle Name
	Alternate Identifier	Preferred Name	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary	<input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose	Phone
	Address		City/Town	Prov	Postal Code
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>		Copy to Name <i>(last, first, middle)</i>
	Address		Phone	Address	Address
	CC Provider ID	CC Submitter ID	Phone	Phone	
	Clinic Name		Clinic Name	Clinic Name	
Collection	Date <i>(dd-Mon-yyyy)</i>	Time <i>(24 hr)</i>	Location	Collector ID	

Clinical Information *(required for booking)*

1. Location of Lesion *(Specify exact location, size, and TI-RADS/BI-RADS scores, as needed)*



2. Has the patient been referred to Diagnostic Imaging for same procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, STOP - do not submit duplicate requests
3. Is the lesion palpable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is there history of malignancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify type _____
5. Currently on blood thinners?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide date <i>(dd-Mon-yyyy)</i> /time <i>(hh:mm)</i> last dose _____
6. Allergy to anaesthesia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify _____
7. Radiology findings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide report _____
8. FNA Clinic "Patient Instruction" sheet provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For Lab Use Only

Date of appointment <i>(dd-Mon-yyyy)</i>	Time of appointment <i>(hh:mm)</i>	Time of Procedure <i>(hh:mm)</i>
APL Attending Pathologist		Cytotechnologist

Indicate location using check box

FNA Clinic – Calgary
Phone: 877-702-4486 Option 1
Fax: 403-770-3319
Laboratory Information Centre: 403-770-3600

FNA Clinic – Red Deer
Phone: 403-343-4735
Email requisition to: path.centralzonealbertahealthservices.ca

FNA Clinic – Edmonton (UAH)
Phone: 780-407-7484