

Dr. B.R. Ambedkar State Institute of Medical Sciences
Sector-56, S.A.S Nagar, Mohali
Department of Pathology

F.N.A.C REQUISITION FORM

(Note: Mention clearly about bleeding abnormalities)

Aspiration No. A-

Date-

Name-

Age-

Sex-

Cr No.-

Ward/OPD-

Clinician In-charge

Department-

Clinical Diagnosis/ History-

Radiological Findings-

Site of FNAC-

Other Investigations-

Previous Biopsy/ FNAC No.

PT-

Clinician Signature & Contact No.

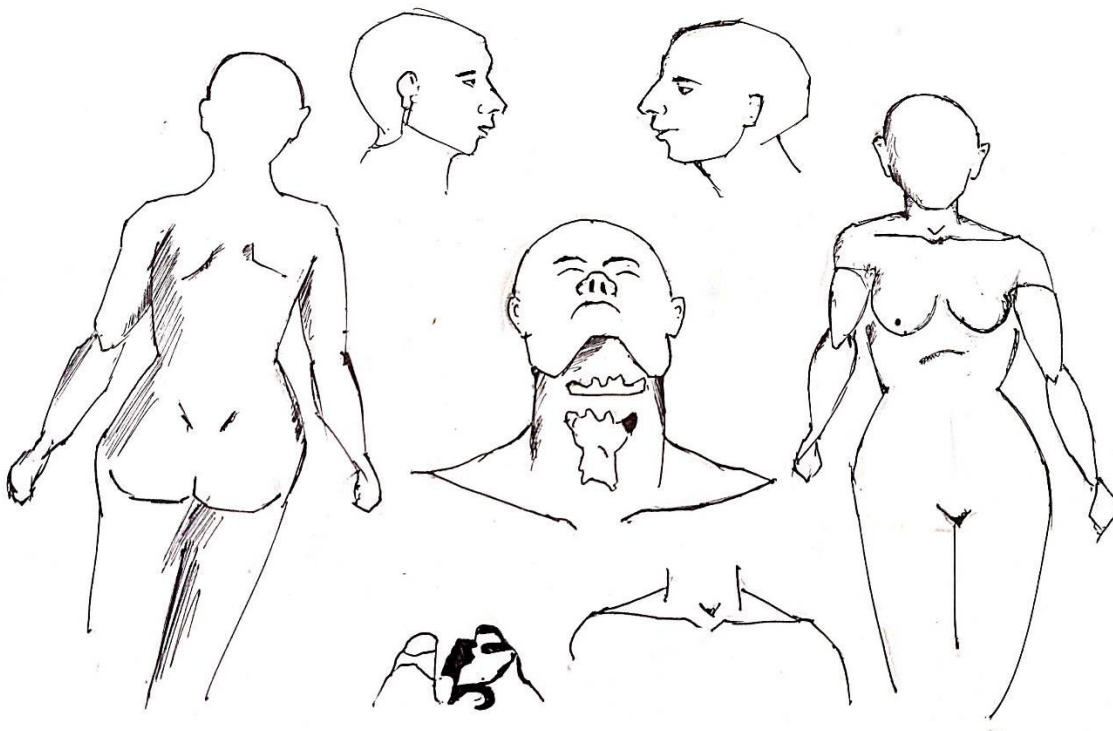
Local Examination

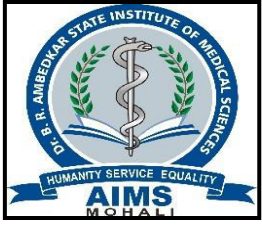
Material Aspirated

Culture: Yes/No

Pathologist Sign

Date-





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Report No.

Microscopic Examination:

Diagnosis:

Advice:

Cytopathologist

Date: