**非婦科細胞學檢查單**

送檢單位： Cytology NO.：

採檢日期： Date Received：

送檢日期： 檢驗單位：台北病理中心

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| **病人姓名： 身分證字號： 病歷號碼：**Name ID No. Chart No.**性別：□男 □女 生日： 送檢醫師：**Sex male female Birthday Doctor |
| 臨床診斷及病歷史：Clinical History and Diagnosis |
| Source of Specimen As Follows： | 健保編碼： |
| **Pulmonary**□Sputum□Bronchial brushing□Bronchial washing□Other  | **Breast**□Breast aspiration □right □left□Nipple discharge □right □left□Other  | **Thyroid**□Right lobe□Left lobe□Other  | □ Body fluid cytology (15001C)□ Needle aspiration cytology (15007C)□ Fluid cytology plus cell block (15018B)□ Imprint bronchial biopsy-CM (15020B)□ Thin layer cytology (15021C)□ Other  |
| **Salivary gland**□Right □Left  |
| **Urine**□Voided(自然解尿)□Catheterization(導尿)□Other  | **Body Fluid**□Ascites□Pleural effusion□right □Left□Pericardial□Cerebrospinal□Synovial fluid□Other  |
| **Other**□Lymph node aspiration from □  |
| 收到的檢體種類： □玻片 □檢體 cc □ Thin layer cytology□yellow □bloody □clean □turbid □Other  |
| **Report**Specimen：Type:Slide：Adequacy：Diagnosis：Description： |

Cytotechnologist： Pathologist：

(2025年2月修訂)