**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)