

馬偕紀念醫院

非婦科細胞檢查單

細胞編號:

SOURCE OF SPECIMEN

(轉介醫院:)

I. Fluid Cytology:

- Ascitic
- CSF
- Nipple secretion, R or L
- Pericardial
- Pleural, R or L
- Urine, catheterized
- Urine, RUC, R or L
- Urine, voided

II. Aspiration Cytology:

- Breast, R or L
- Liver
- Salivary gland, R or L
- Neck mass, R or L
- Thyroid, R or L
- Lung, site
- Mediastinum
- Lymph node, site
- Kidney, R or L
- Ovary, R or L
- Pancreas

III. Other Cytology:

- Sputum
- Bronchial brushing
- Washing from _____
- Cell block
- PCP stain
- Colon
- Other _____

姓名:
性別: 男 女 年齡:
病歷號碼:
床號:
送檢醫師:
採檢日期:

CLINICAL INFORMATION (請務必填寫及勾選)

Clinical diagnosis: _____

Past history : neoplasm , type _____

previous treatment: “ Surgery “ Radiation “ Chemotherapy

CYTOLOGY REPORT Adequate Suboptimal Inadequate for interpretation

- Negative for malignant cells Comments:
- Atypia (See Comment)
- Suspicious for malignancy
- Positive for malignancy

醫檢師: _____

報告醫師: _____

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