

# Thyroid Cytology Structured Pathology Reporting Proforma



Mandatory questions (i.e. protocol standards) are in bold (e.g. **S1.03**).

Family name

Given name(s)

Date of birth

Sex

- Male  
 Female  
 Intersex/indeterminate

Ethnicity

- Unknown  
 Aboriginal/Torres Strait Islander (AU)  
 Maori (NZ)  
 Other ethnicity:

Patient identifiers

e.g. MRN, IHI or NHI (please indicate which)

Date of request

Accession number

Requesting doctor - name and contact details

## CLINICAL INFORMATION PROVIDED

History of prior surgery/radiation

  
  
  


Thyroid function test results

T3

T4

TSH

Thyroid antibodies

## NODULES

Nodule identifier	Location	Size	Radiologic / sonographic appearance	Calcification
	<ul style="list-style-type: none"> <li>• Right upper lobe</li> <li>• Right middle lobe</li> <li>• Right lower lobe</li> <li>• Left upper lobe</li> <li>• Left middle lobe</li> <li>• Left lower lobe</li> <li>• Isthmus</li> </ul>		<b>Record all that apply:</b> <ul style="list-style-type: none"> <li>• Cystic</li> <li>• Solid</li> <li>• Mixed</li> <li>• Other (describe)</li> </ul>	<ul style="list-style-type: none"> <li>• Absent</li> <li>• Present</li> </ul>

Other clinical information received

  
  


Direct  Ultrasound guided

Procedure performed by

Radiologist  Surgeon  Pathologist present

Other:

**PROCEDURAL INFORMATION**

Date of FNA

DD – MM – YYYY

**FNA operator (name, contact details)**

**Sampled nodules**

Nodule identifier	Location	Size (mm)	Calcification	Aspirated to dryness?	Residual mass?	No. of passes
	<ul style="list-style-type: none"> <li>• Right upper lobe</li> <li>• Right middle lobe</li> <li>• Right lower lobe</li> <li>• Left upper lobe</li> <li>• Left middle lobe</li> <li>• Left lower lobe</li> <li>• Isthmus</li> </ul>		<ul style="list-style-type: none"> <li>• Absent</li> <li>• Present</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	

Aspirate appearance

Lymph nodes

Not sampled  Sampled

LN identifier	Location	Size	Level

Any difficulties experienced with the aspiration

Sedation (level and type)

**SPECIMEN INFORMATION**

**Specimen types/slides**


**Distribution of biopsy material**

- Flow cytometry
- Immunohistochemistry
- Cytogenetics
- Fluorescent is situ hybridisation
- Molecular testing
- Microbiology
- Tissue bank
- Other (specify)

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**MICROSCOPIC FINDING**

**Classification** (for recommended terminology refer to p5)

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**Further specific diagnosis** (if applicable)


**Summary of cytological findings**


**Recommendation** (if applicable)


**ANCILLARY FINDINGS**

**IMMUNOHISTOCHEMISTRY**

IHC Antibody	Result (Positive/Negative/Equivocal)

Interpretive comment


**FLOW CYTOMETRY**

Antibody	Result (Positive/Negative/Equivocal)

Interpretive comment


**CYTOGENETICS**

Result


Interpretive comment


**MOLECULAR GENETICS**

Result


Interpretive comment


**FLUORESCENT IN SITU HYBRIDIZATION**

Result


Interpretive comment


MICROBIOLOGY (including staining cultures and PCR)

Result


Interpretive comment


## Synthesis and overview

Overarching comment


### OTHER TESTS

Test result type 1

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Result


Interpretive comment


Test result type 2

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Result


Interpretive comment


## Notes

### General categories with comparison to the Bethesda system and comments/recommendations

Australasian Recommendations	Bethesda	Category number	Comments and recommendations *
Non-diagnostic	Non-diagnostic/Unsatisfactory	1	
Benign	Benign	2	
Indeterminate OR Follicular lesion of undetermined significance	Atypia of undetermined significance/ Follicular lesion of undetermined significance	3	<ol style="list-style-type: none"> <li>1. The use of the term atypia in the general diagnostic category is discouraged.</li> <li>2. The word atypia is used to describe a cellular or architectural feature.</li> <li>3. Includes follicular and non follicular lesions.</li> <li>4. Most cases will have a benign follow up.</li> <li>5. The choice of recommended term is dependent on the circumstances.</li> </ol>
Suggestive of a follicular neoplasm	Follicular neoplasm or Suspicious for FN	4	The use of the term suspicious is not recommended
Suspicious of malignancy	Suspicious of malignancy	5	
Malignant	Malignant	6	

Note: The descriptor must always be stated in a report with the category number. The number should NOT be used without the descriptor to avoid any potential miscommunication with other numbered categories used for other sites eg breast. Following general categorisation a specific diagnosis must be stated, favoured or suggested, where applicable.