

MEDICAL RECORD

TISSUE EXAMINATION

SPECIMEN SUBMITTED BY

DATE OBTAINED

SPECIMEN

BRIEF CLINICAL HISTORY (Include duration of lesion and rapidity of growth, if a neoplasm)

PREOPERATIVE DIAGNOSIS

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS

SIGNATURE AND TITLE

PATHOLOGICAL REPORT

NAME OF LABORATORY

ACCESSION NO(S).

(Gross description, histologic examination and diagnoses)

(Continue on reverse side)

SIGNATURE OF PATHOLOGIST

DATE

AGE

SEX

RACE

REGISTER NO.

WARD NO.

IDENTIFICATION NO.

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle, grade; rank; rate; hospital or medical facility)*

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