

ALLIED DIAGNOSTIC

Pathology Consultants, PA

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INTRAOPERATIVE CONSULTATION FROZEN SECTION/IMMEDIATE ASSESSMENT REQUEST AND REPORT

NAME

MR #:

BIRTHDAY:

INCOMPLETE INFORMATION DELAYS RESULTS

DATE	OR ROOM OR TELEPHONE #	ANATOMIC SITE OF SPECIMEN:
SURGEON'S NAME		

REASON FOR CONSULT (FROZEN) PERTINENT CLINICAL HISTORY

FOR LABORATORY USE ONLY

REPORT: >

COMMENTS: >

REPORT TIME: _____ PATHOLOGIST: _____

LAB ACCESSION NUMBER:

TIME SPECIMEN RECEIVED: _____ TIME SLIDES AVAILABLE: _____