DEPARTMENT OF PATHOLOGY TISSUE EXAMINATION

Holy Cross Hospital
of
Silver Spring, MD
SURGICAL PATHOLOGY
REQUEST

SURG. PATH NO.

DATE:

SURGEON:

REFERRING PHYS:

CLINICAL DATA (INCLUDING PRE-OP DX)

☐ FROZEN SECTION REQUESTED
PATIENT AWAKE ☐ YES ☐ NO
O.R. RM # _____
EXT # _____

POST OP DX

CAP & FEDERAL REGULATIONS REQUIRE APPROPRIATE CLINICAL INFORMATION BE PROVIDED BEFORE THE SPECIMEN CAN BE ACCEPTED BY THE LABORATORY.

COMPLETED BY	SURGEON'S SIGNATURE
SPECIMENS A.	D.
B.	E.
C.	F.

FROZEN SECTION DIAGNOSIS: (FOR PATHOLOGIST USE ONLY)

TIME O.R. NOTIFIED _____

BAR CODE LABEL:

CHARGE CODES

750330 (Rev 5/99) Surgical Pathology Request