The Saratoga Hospital Laboratory

Pathology Specimen

PATIENT NAME	LAB NO.	SPECIMEN #	
PATIENT'S ADDRESS (STREET, CITY, STATE)	AGE	DATE OF BIRTH	SEX ☐M ☐F
	DOCTOR		
	HOSPITAL NO.		DATE

SPECIMEN

INTRAOPERATIVE CONSULTATION _____

☐ FROZEN SECTION ☐ FRESH TISSUE FOR ANCILLARY TESTING

CLINICAL IMPRESSION

POST OPERATIVE FINDINGS

☐ POST OPERATIVE FINDINGS-SAME AS CLINICAL IMPRESSION-PENDING PATHOLOGY