Southern Pathology
Knowledge from people who care

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DEPARTMENT OF PATHOLOGY LAB. NUMBER:

FROZEN SECTION REPORT

FACILITY / PATIENT INFORMATION

Hospital / Facility: ____________________ Surgeon Name: ____________________

Patient Name: ____________________ DOB: ___/___/___ (mm/dd/yy) MR Number: ____________________

Procedure Date: ____________________ Time: ____________________

PROCEDURE NOTES

Pre-operative Diagnosis: ____________________ Location of Removed Tissue: ____________________

Time of Removal: ____________________ Time of Arrival: ____________________

FROZEN SECTION DIAGNOSIS

REPORTED TO:

- ◯ Surgeon
- ◯ Circulating Nurse, Name: ____________________
- ◯ Other, Name: ____________________

Specify Position: ____________________

REPORTED VIA:

- ◯ Face to Face Conversation
- ◯ Telephone
- ◯ Fax
- ◯ E-mail

Reported By: ____________________

Date: ___/___/___ (mm/dd/yy) Time: ____ : ____ AM PM

Pathologist Signature: ____________________

FOR SOUTHERN PATHOLOGY SERVICES USE ONLY

Final Diagnosis: ____________________ Disagreement: ◯Yes ◯No

Comment: ____________________

**This REPORT is confidential and contains privileged information. Inappropriate disclosure is prohibited by law.
If by accident you receive this report, please contact us immediately at 787-841-8645.**