

MEDICAL RECORD	TISSUE EXAMINATION
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SPECIMEN SUBMITTED BY	DATE OBTAINED
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SPECIMEN

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

PREOPERATIVE DIAGNOSIS

OPERATIVE FINDINGS

POSTOPERATIVE DIAGNOSIS	SIGNATURE
	NAME OF SIGNER
	TITLE OF SIGNER

PATHOLOGICAL REPORT		
NAME OF LABORATORY	ACCESSION NO(S).	

GROSS DESCRIPTION, HISTOLOGIC EXAMINATION AND DIAGNOSES

SIGNATURE OF PATHOLOGIST	NAME OF PATHOLOGIST	DATE
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HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT
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RELATION TO SPONSOR	SPONSOR'S NAME <i>(Last, first, middle)</i>	SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
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PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name--last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</i>	REGISTER NO.	WARD NO.
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TISSUE EXAMINATION

Medical Record