

Patient Name: _____
Medical Record #: _____
Surgical Pathology #: _____
Date: _____
Surgeon: _____
Pathologist: _____
Surgical Diagnosis: _____



Specimen: _____
_____ Frozen _____ Fixed _____

Description: _____

Color Legend	
Black	- - -
Blue	• • •
Green	X X X
Orange	Ø Ø Ø
Red	R R R
Yellow	o o o

