

**SURGICAL PATHOLOGY TISSUE REPORT**

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AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ SURGICAL ACCESS. NO. \_\_\_\_\_  
 LMP \_\_\_\_\_ GRAVIDA \_\_\_\_\_ PARA \_\_\_\_\_ PREVIOUS SURGICAL SPECIMEN AT HGH  YES  NO  
 SPECIMEN \_\_\_\_\_

PERTINENT HISTORY AND CLINICAL FINDINGS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PRE-OP. DX. \_\_\_\_\_ OPERATION \_\_\_\_\_  
 POST-OP. DX. \_\_\_\_\_ SIGNATURE \_\_\_\_\_ M.D.  
 CLINICAL SERVICE \_\_\_\_\_ PLEASE PRINT NAME \_\_\_\_\_ M.D. \_\_\_\_\_ I.D. # \_\_\_\_\_

**FOR LABORATORY USE ONLY**

PHOTOGRAPHS  PATH. REVIEW

IN PT. <input type="checkbox"/>	COST CODE	CLINIC/WARD/NURSING STATION	PATIENT IDENTIFICATION
OUT PT. <input type="checkbox"/>	ACTIVITY CODE	DATE/TIME REQUESTED	

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