

Form for Intra-Procedural TISSUE: Fresh/Frozen Pathology

Date: _____ OR Room#: _____ OR Phone Extension: _____

Surgeon: _____ RN Signature: _____

Multiple specimen/Biopsies Info: _____

NOTIFY PATHOLOGY for A-F

- A. Frozen Section for **diagnosis**
- B. Frozen Section for **margins**
- C. Frozen Section for **tissue neutrophils (orthopedic)**
- D. Fresh Specimen Tissue pathologist immediate review and processing including **Lymph Nodes and Orthopedic TISSUE for Crystals**
- E. Fresh Specimen Tissue for immediate processing by pathologist; **Muscle and Nerve Biopsies** prior notification and a completed special request form

- F. **FOR DOWNTIME ONLY** – Fresh TISSUE Culture for Pathologist
 - a. Aerobe/Anaerobe
 - b. Acid Fast Bacilli (TB)
 - c. Fungus

DIAGRAM/SPECIAL INFORMATION FOR PATHOLOGY:

Pathologist Diagnosis: _____

Pathologist Signature: _____

Surgical # _____

**THIS IS NOT
A CHART FORM**