



Surgical Pathology Report

amendment_title

YPI Report #: report_number
Client Report #: client_rpt_no

Patient: patient_name (DOB patient_birthdate, patient_age)

Provider physician_name
client_name

Date of Report: final_date
Accessioned: accession_date
Date fo service collection_date
Clinet MRN: client_mrn_no
Client Account No: client_account_no

Full distribution list is provided at the end of the report

Diagnosis:
specimen_blank_row
s_id specimen_type
diagnosis

Comment: report_comment

pathologist_signature
*** E-signed final_date ***

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