



SURGICAL PATHOLOGY REPORT

Patient Name:

Address:

Gender:

DOB:

Physician(s):

Service:

Location:

MRN:

Hospital #:

Patient Type:

Accession #:

Taken:

Received:

Reported:

ICD-O-3

Carcinoma, squamous cell NOS
Site Cervix NOS
C53.98870/13
JW9/26/13**DIAGNOSIS:**

UTERUS, CERVIX, BIOPSY "A"

- SQUAMOUS CELL CARCINOMA, POORLY DIFFERENTIATED, INVASIVE

UTERUS, CERVIX, BIOPSY "B"

- SQUAMOUS CELL CARCINOMA, POORLY DIFFERENTIATED, INVASIVE

By this signature, I attest that the above diagnosis is based upon my personal examination of the slides (and/or other material indicated in the diagnosis).

M.D.

Report Electronically Reviewed and Signed Out By [REDACTED] M.D.

Microscopic Description and Comment:

Microscopic examination substantiates the above cited diagnosis.

History:

The patient is a [REDACTED] year old woman with vaginal bleeding, exophytic mass from the cervix. Operative procedure: Cervical mass biopsy.

M.D.

Specimen(s) Received:

A: CERVICAL MASS

B: CERVICAL MASS

Gross Description

The specimens are received in two containers of formalin, each labeled with the patient's name [REDACTED]. The first container is from the outside hospital, containing a fragment of tan-white tissue, measuring 0.4 x 0.4 x 0.3 cm. Labeled A1. Jar 0.

The second container is from [REDACTED], containing multiple fragments of tan-white to dark brown tissue, ranging from 0.3 x 0.1 x 0.1 cm to 0.7 x 0.4 x 0.2 cm. Labeled B1 and b2. Jar 0.

M.D.

This Surgical Pathology report is available on-line on [REDACTED]

Physician Copy

Criteria	Yes	No
Diagnosis Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Tumor Site Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HIPAA Discrepancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prior Malignancy History	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dual/Synchronous Primary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Case is (circle):	<input checked="" type="checkbox"/> QUALIFIED	<input type="checkbox"/> DISQUALIFIED
Reviewer Initials	SC	Date Reviewed: 9/25/13