

FRESH FROZEN SECTION REQUEST FORM
HISTOPATHOLOGY LABORATORY
HOSPITAL PAKAR SULTANAH FATIMAH MUAR

Patient's Name :

Age : year I/C No:

Sex : Male Female

Ward :

Department :

Ext no :

Clinical Diagnosis:

Previous HPE no :

Frozen Section Purpose:

- 1)Diagnosis :
- 2) Margin :
- 3)Other :

Frozen Section Date :

Expected Time of Tissue Received :

Operating Surgeon's Name :

Name of Requesting Doctor :

Ext no :

Name and signature of Receiving Histopathologist: Date and Time

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A) If Case Proceed

Time Tissue Received

HPE No
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Frozen Section Diagnosis :

Informed Verbally to

Date & Time Informed

Preliminary Report
Given To

Name & Signature of

Reporting Pathologist

B) IF Case Cancelled

Please Specify Reason/s

Time/Date of Cancellation :

Name of MO/Surgeon
In charged

Name and Signature of
Mo/ Pathologist in Charged: