Calgary Laboratory Services

☐ ACH
☐ FMC
☐ SHC

INTRA-OPERATIVE NEUROPATHOLOGY CONSULTATION

* REQUIRED INFORMATION

* PROCEDURE PERFORMED IN:
☐ OR: _____ ☐ CLINIC: _____ ☐ OTHER: _____

PHYSICIAN TO ACT ON RESULTS:

_____ _____
* Last Name * Full First Name

_____
* Address (Location Code) for Report Delivery

Report to be ☐ PHONED to: _____
Number

Report to be ☐ FAXED to: _____
Number

* Affix addressograph imprint or patient label to **ALL PAGES** or clearly print patient's full name (last name, full first name), date of birth, gender, Personal Health Number, and Regional Health Record Number.

*** TISSUE REMOVED BY:** ☐ **SAME PERSON/LOCATION AS ABOVE**

_____ _____
Last Name Full First Name

_____
Address (Location Code) for Report Delivery

* DATE COLLECTED:
__ __ __ __ / __ __ / __ __
Y Y Y Y M M / D D

ACCESSION NUMBER (Lab Use Only)

ADDITIONAL COPIES TO:

1) _____ _____ _____
* Last Name * Full First Name * Address (Location Code) for Report Delivery

2) _____ _____ _____
* Last Name * Full First Name * Address (Location Code) for Report Delivery

☐ **FROZEN SECTION** ☐ **SPECIMEN (e.g. A. B. C)**

Clinical Information (History & Neurological Examination):

Previous Therapy: **(Circle)** Radiotherapy Year: Chemotherapy Year: Surgery Year:

CT/MRI Findings:

*** Specimen Submitted:** (circle)
Side: **RIGHT** **LEFT** **Intra Axial** **Extra Axial**

Location: **Frontal** **Parietal** **Temporal** **Occipital** **Cerebellum** **Brainstem** **Spinal cord** **Spine** **Other**:

Intraoperative Neuropathological Diagnosis: ***(Neuropathology use only below this line)***

Pathologist: _____ _____
Print Name Signature

Gross Description Label Name: Cassette Number:

Label Designation: Size: _____ x _____ x _____ *cm* / _____ *grams*

Appearance: *white / tan / gray / pink / yellow / red / burgundy / brown / black /* _____ *Number of fragments:* _____

Texture: *myxoid / soft / firm / friable / rubbery / hard / mineralized / cauterized /* _____

Additional Description:

Disposition: *Portions* / *Entirely* submitted for:
❑ Intraoperative *smear* / *frozen section*
❑ Electron microscopy
❑ Storage at -80 C
❑ Cytogenetics
❑ Brain tissue bank, per protocol
❑ No sections submitted
Block _____, frozen section remnant
Block _____ to _____; _____ , *entirely / representative sections /* _____% submitted