BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Histopathology Report

Date: _____

Patient _____ **Identifier** _____

Request and specimen

Laboratory / accession number: _____

Requesting clinician and facility: _____

Specimen type, anatomical site and laterality: _____

Container identifiers and specimen mapping: _____

Date collected: _____

Date received: _____

Date reported: _____

Clinical summary and provisional diagnosis: _____

Examination

Macroscopy / gross description: _____

Block / cassette identification: _____

Microscopy: _____

Ancillary studies and results, if performed: _____

Adequacy and limitations: _____

Conclusion

Conclusion / final diagnosis: _____

Comment / clinicopathological correlation: _____

Reporting pathologist: _____

Clinician: _____ **Signature:** _____

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