

CLINICAL PATHOLOGY SCIENTIFIC & PRACTICAL CENTER

9, Tsinandali Str., Tbilisi. Tel.: 772855; 770633. E-mail: cpcenter@gol.ge

Histopathological (cytological) examination N _____

Medicoprophyllactic institution _____

Patient's surname, first name, patronymic _____

Sex _____ Age _____ Type of material – bioptic, surgical, cytological (underline)

Examined organs _____

Histopathological (cytological) diagnosis (report) _____

“ _____ ” _____ 2008 Clinical pathologist _____

FORM
for biotic, surgical (underline) histopathological examination

Medical institution _____ Department _____

Patient's surname, first name, patronymic _____

Sex _____ Age _____ Profession _____ Patient's Case History N _____

Place of residence _____ Date of taking the material _____

Date of sending the material _____

Type and localization of the material (indicate organ, tissue, number of pieces and from what part it is taken) _____

For repeated sampling indicate the date of the first sampling and the diagnosis with indication of medical institution _____

Clinical data (duration of a disease, administered therapy; for lymph node examination – blood analysis; for endometrium scrape and mammary gland examination – the date of onset and end of the last normal menstruation, character of menstruation dysfunction, the date of onset of bleeding) _____
