

**SURGICAL PATHOLOGY FROZEN SECTION (2021)**  
**INTRA-OPERATIVE CONSULTATION REPORT**

*Queen Elizabeth Hospital  
Charlottetown, PEI  
Phone: 902-894-2338*

*Prince County Hospital  
Summerside, PEI  
Phone: 902-438-4288*

Address for Non-PEI Residents Required

**Clinical Summary**

OR ROOM PHONE NUMBER: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: **Place Label Here** \_\_\_\_\_  
City: \_\_\_\_\_ Prov./State: \_\_\_\_\_  
Postal Code/Zip: \_\_\_\_\_

Ordering Physician  
FIRST & LAST NAME

DOB: YYYY-MMM-DD	Sex	Medical Record Number (MRN)

**SITE OF TISSUE**

Date: \_\_\_\_\_ Technologist: \_\_\_\_\_  
Time Specimen Arrived: \_\_\_\_\_  
Time Frozen Section Reported: \_\_\_\_\_

**Gross Description**

*(Large empty area for Gross Description)*

**Diagnosis**

*(Large empty area for Diagnosis)*

**Pathologist Signature**

Part 1 - White - Chart    Part 2 - Canary - Lab

Q38-04(2021)