

S. Ravis, MD C. Rosales, MD

10330 Hickman Mills Drive, Kansas City 64137

DERMPATH DIAGNOSTICS REPORT

816.412.7004 Fax 816.763.7536

PATIENT INFORMATION	SPECIMEN INFORMATION	CLIENT INFORMATION	
Name: EXAMPLE, ONE	Accession#: KD10-5	Physician: Scott M. Ravis, MD	
DOB/Sex: 1/1/1999 (Age: 11) M	Collected: 10/28/2010	64 - AD F 30 A A B 40 CO A CO CO A CO A CO A CO A CO A CO A	
MRN/Patient ID#:	Received: 10/29/2010	Client: TEST CLIENT FAMILY DERM	
Requsition Number:	Printed: 10/29/2010	WASHINGTON BOTTON OF THE WASHINGTON	
	FINAL DIAGNOSIS		

Skin, right lateral arm, biopsy:

- Diagnosis. Example report only.

Primary Pathologist:Scott M. Ravis, MD Signed Electronically by: Staff Pathologist 10/29/2010

CLINICAL INFORMATION SPECIMEN SUBMITTED: Right lateral arm CLINICAL INFORMATION: Scaly red rash Example report only. MICROSCOPIC AND GROSS DESCRIPTIONS MICROSCOPIC DESCRIPTION:

GROSS DESCRIPTION:

Received in formalin in a properly labeled container is a 0.0 x 0.0 x 0.0 cm tan-brown skin punch biopsy specimen. Inked, bisected, and entirely submitted in one cassette.

TP/bem

Example gross description only.