Fresh Frozen Tissue Log

APPENDIX 6: LABORATORY LOG MANUAL

Patient's Name _____ Family Registry # _____

Date of Surgery _____ Age _____ Gender _____

Race_____

Hospital _____ Medical Records # _____

Name of Attending Physician_____

Pathology Number: Biopsy _____ Resection _____

Tumor Specimen

	Vial Identifiers	Site of Tumor	Sample Prep	Storage Location (Rack/box/cell)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Normal Specimen

	Vial Identifiers	Site of Tissue	Sample Prep	Storage Location (Rack/box/cell)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Notes: