

Revised: 1/11/16

NEUROPATHOLOGY INTRAOPERATIVE (IO) CONSULTATION AND QA FORM

Case #: _____

Date _____

Patient Name: _____

Patient Age: _____

OR Surgeon: _____ OR #: _____

Start Time: _____

Hospital: PUH SHY CHP PVS MYS Consult

Intraop: Yes No

Clinical History/Radiology Findings: _____

Telepathology: Yes No

Discussed Question with Surgeon: Y N Unavailable

Preop Diagnosis or Question: _____

Intraop Diagnosis: _____

Pathologist: _____ Fellow: _____

Fellow in Hot Seat: Yes No

Sign out Diagnosis: _____

Pathologist: _____

Intraop specimen quality (Unsatisfactory / Marginal / OK)

Issues: Yes No (Note: Technical, Procedural, Medical Record, etc issues)

QA Information

Final Diagnosis: _____ Conf Date _____

Consensus IntraOp: Agree / Disagree A / Disagree B / Disagree C

Consensus Final: Agree / Disagree A / Disagree B / Disagree C

Intraop / Final: Defer / Agree / Disagree

Preop / Final: Agree / Disagree

Conference Issues (Why is case being reviewed):

Disagreement Actions: Addendum Amendment Call Clinician Additional Studies Tag for follow up None Required