

Identification Number

_____ - _____ - _____

CLINICAL DATA FORM

Prepared By _____

Date _____

OBSTETRICS (female patients)

013 Menstrual History: Pre-Menopausal ___ Post-Menopausal ___ Unknown ___

014 Currently Pregnant: Yes ___ No ___ Unknown ___

015 Number of Pregnancies: _____ Unknown ___

016 Age of First Pregnancy: _____ Unknown ___

017 Number of Live Births: _____ Unknown ___

018 Last Menstrual Period: ____/____/____ (mm/dd/yy) Unknown ___

MEDICAL HISTORY

Diagnosis	Stage At Diagnosis	Date (mm/dd/yy)	Current Status New Ongoing Past Recurrent
Diagnosis	Stage At Diagnosis	Date (mm/dd/yy)	Current Status New Ongoing Past Recurrent
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Diagnosis	Stage At Diagnosis	Date (mm/dd/yy)	Current Status New Ongoing Past Recurrent

CURRENT MEDICATIONS (previous six months to present)

Description	Dose (mg)	Route	Frequency	Status
Description	Dose (mg)	Route	Frequency	Status
Description	Dose (mg)	Route	Frequency	Status
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CLINICAL DATA FORM

LABORATORY VALUES ON SPECIMEN COLLECTION DATE

TEST	RESULT	UNITS	NORMAL RANGE
Sodium		meq/l	
Potassium		meq/l	
Chloride		meq/l	
Glucose		mg/dl	50-115
BUN		mg/dl	7-30
Creatinine		mg/dl	0.6-1.6
Calcium		mg/dl	8.5-10.4
Phosphorus		mg/dl	2.5-4.5
HCT		%	35-47
HGB		g/dl	11.7-15.7
RBC		10-12	4.40-5.90
Platelets		10-9/L	150-450
WBC		10-9/L	4.0-11.0
Neutrophils		%	40.0-75.0
Eosinophils		%	0.0-6.0
Lymphocytes		%	XXXXXX
Monocytes		%	0.0-XXXX
Total Protein		g/dl	6.0-8.2
Albumin		g/dl	3.2-4.5
Globulin		g/dl	

RECENT PRE-OPERATIVE TEST RESULTS

(record most current values known)

CATEGORY

LAB RESULTS BY DISEASE

TEST	RESULT	UNITS	TEST	RESULT	UNITS	RANGE
Iron		Ug/dl	Colorectal Cancer			
TIBC		Ug/dl				
Ferritin		Ng/dl	Ovarian Cancer			
TSH		MIU/l	CA-125			
T4		mg/dl				
SGOT/AST		U/l				
SGPT/ALT		U/l	Breast Cancer			
GGT		U/l	ER (HER-Z/neu(Erb-2))			
LDH		U/l				
Alk Phos		U/l				
Cholesterol		mg/dl	PR (S-Phase)			
Trigly		mg/dl				
HDL		mg/dl	Prostate Cancer or BPH			
LDL		mg/dl	PSA			
Total Bil		mg/dl				
Indt Bili		mg/dl				
Direct Bili		mg/dl				
Hypertension						

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TISSUE DESCRIPTIVES:

Patient ID: _____ Zoion's ID: _____

Patient DOB: ____/____/____ (mm/dd/yy) Patient Age: _____ Patient Gender: _____ Patient Race: _____

Patient Diagnosis: _____

Date of Surgical Excision: _____

Time from Excision to Freeze: _____

Tissue Type: _____

Anatomic Site (note R or L): _____

Tissue Category: _____

Tissue Dx: _____

Fragment: _____ Prep Method: _____

Weight: _____



Notes and Observations: