



**Thousand Oaks
Pathology Associates, Inc.**

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FROZEN SECTION SCHEDULING FORM

Physician's office staff brings specimen to TOPA office

Please fax this to TOPA at least one to two days prior to the procedure so that we may plan accordingly.

***Physician's office is responsible for bringing specimen(s) to TOPA laboratory;
TOPA courier does not pick up frozen section specimens.***

Date & Time of Scheduled Surgery: _____

Surgery Facility Name: _____

Name of Surgeon: _____

Name of Patient: _____

Sex and Age of Patient: _____

Specimen Site: _____

Clinical History: _____

Is this specimen for diagnosis only or for margins? Please explain briefly:

How many frozen sections do you anticipate? _____

Contact person & ***telephone number at surgeon's office:*** _____

Please draw a diagram indicating orientation of specimen if applicable. Place specimen in clean, dry specimen container (no fixative).

Fax completed scheduling form to TOPA Pathology Department. Fax number: (805) 373-0023. If you have any questions, please contact Client Services or one of the pathologists at (805) 373-8582. You may copy this form to use again. Thank you!