QUALITY ASSURANCE INTRADEPARTMENTAL CONSULTATIONS
SURGICAL PATHOLOGY
NEBRASKA-WESTERN IOWA HEALTH CARE SYSTEM

Primary Pathologist:	
Case Number:	Date:
Primary Opinions/Questions:	

Consultant #1:	Date of Review:
Materials Reviewed:	
Opinion: Signature:	

Consultant #2:	Date of Review:
Materials Reviewed:	
Opinion: Signature:	