CryoSTAT SOLUTIONS

PROFESSIONAL HISTOLOGY & MOHS FROZEN SECTION COVERAGE

OFFICE QUESTIONNAIRE

PLEASE COMPLETE PRIOR TO MY ARRIVAL

Thank you for taking the time to complete this questionnaire. Your responses help ensure a smooth and efficient experience for both your practice and our coverage services.

PRACTICE INFORMATION

Practice / Facility Name: _____ Phone: _____

Address: _____ Email: _____

Contact Person: _____ Date(s) of Assignment: _____

1. What brand of cryostat will I be using? _____
2. What is your average number of Mohs cases per day? _____
3. Will there be another tech present? _____
4. Is there any specific way for tissue to be orientated on slides? _____
5. Is there liquid nitrogen available for fatty tissue? _____
6. Is there an anti-roll plate available? _____
7. Is staining done by hand or through an automated stainer? _____
8. Are there any equipment issues or quirks I should know about? _____
9. What time does the first patient typically arrive? _____
10. How are slides labeled? _____
11. What turnaround time do you typically expect from tissue receipt to slide delivery? _____
12. Are there any office-specific procedures, surgeon preferences, or laboratory workflows that differ from what an experienced Mohs histotechnologist would typically expect? _____
13. What is your Mohs tissue inking & color mapping protocol? _____

PLEASE RETURN COMPLETED QUESTIONNAIRE
at your earliest convenience so I can prepare for your office.

Thank you!

(910) 508-5939 | CryoStatSolutions@gmail.com | www.CryoStatSolutions.com