

CERTIFICATE OF AUTHENTICITY

This certifies that the attached histopathologic reports are genuine documents prepared by the examining pathologists listed below.

Patient Identifier	Date of Procedure	Date of Report Issuance	Pathologist Name and signature
GYN 1	[MM/DD/YYYY]	[MM/DD/YYYY]	Dr. [Name]
GYN 2	[MM/DD/YYYY]	[MM/DD/YYYY]	Dr. [Name]