



REQUEST FOR PATHOLOGY MATERIALS

Request submitted from:

Ordering Clinician: _____ Date: _____
Facility: _____
Phone: _____ Fax: _____
Contact/Coordinator Name: _____

PATIENT INFORMATION

Patient's Name: _____ DOB: _____
Case Number(s): _____ Date(s): _____

MATERIAL(S) REQUEST

[] Microscopic slides: [] Representative [] Original Slides [] Recuts [] Unstained
[] Pathology Report(s): _____

AUTHORIZATION TO RELEASE HEALTH INFORMATION

[] A signed release is attached with copy of ID
[] A signed release has already been submitted

SHIPPING INFORMATION

Shipping Address:

Institution: _____
Department: _____
Address: _____
City: _____ State: _____ Zip: _____
[] Fedex Acct #: _____ [] Fedex shipping label is attached

PLEASE SUBMIT YOUR REQUEST VIA FAX TO (323) 361-8004
If you have any questions regarding your request, please contact
CHLA Anatomic Pathology Services at (323) 361-2469