



**LABORATORY OF PATHOLOGY**  
**Outside Tissue Examination**

*Please note, this form is to be used during an extended LIS downtime.*

<b>NIH Surgical Pathology#</b>
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SPECIMEN SUBMITTED BY: NAME (Last, First, Middle Initial)	ADDRESS (building, room)	DATE SUBMITTED
	Phone/Beeper#	Organization (institute)

PRINCIPAL INVESTIGATOR Name (Last, First, Middle Initial)	ADDRESS (building, room)
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Clinical Diagnosis
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Brief Clinical History
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(Gross description, number of histology slides and blocks received) Retain block for protocol
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PATIENT NAME	AGE	DOB	SEX	RACE
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NIH#	Social Security #
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PATHOLOGIST:	Resident:	Date
	Attending:	Date

Special Requests:
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