



LABORATORY OF PATHOLOGY
Outside Tissue Examination

NIH Surgical Pathology#

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)			
Clinical Diagnosis					
Brief Clinical History					
(Gross description, number of histology slides and blocks received) Retain block for protocol					
PATIENT NAME		AGE	DOB	SEX	RACE
NIH#		Social Security #			
PATHOLOGIST:	Resident:		Date		
	Attending:		Date		
Special Requests:					