



## Slide Request Form

Date:

All slide requests will be sent via Federal Express and should be received within 2-4 business days from completion of this request.

PROCEDURES: WCMC Dermatopathology requirements:

1. Patient authorization/signature is required for ALL slide requests.
2. Please email or fax requests to: WCMC Dermatopathology 212-746-8570 or [cornelldermpath@med.cornell.edu](mailto:cornelldermpath@med.cornell.edu)
3. Please call WCMC Dermatopathology 212-746-6434 to confirm we have received your form.

**REQUEST:** This is to grant permission to WCMC Dermatopathology to release the glass slides of:

Patient Name:  Sex:  M  F DOB:  Phone:

Patient's Signature:  Patient's Appt. Date:

Authorized Person to Pick-Up for Patient:  Date:  Phone:

Authorized Person's Signature:  Accession #:

Biopsy Physician:  Date of Biopsy:  Requested By:

Address:

Phone:  Fax:

**SLIDES SHOULD BE SENT TO:**

Practice/Medical Dept. /Hospital Name:  Dept.

Physician's Name:

Address:

City/State/Zip:  Phone:

Fax:  Email:

**NOTE:** Slides are the property of WCMC Dermatopathology. All parties noted above must follow proper procedures as outlined in the letter accompanying the slides in returning them to WCMC Dermatopathology.