



# Weill Cornell Medicine

## Dermatopathology

Weill Cornell Medicine  
Comprehensive Dermatopathology Service

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### 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. Requests should be faxed to: **WCMC Dermatopathology 1-212-746-8570.**
3. **Please Call, WCMC Dermatopathology 1-212-746-6434** to confirm we have received your form. Also, call if you have any questions.

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

Patient Name \_\_\_\_\_ Sex \_\_\_\_\_ 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.