



Laboratory of Pathology, CCR, NCI

OUTSIDE TISSUE EXAMINATION SUBMISSION FORM

NIH Surgical Pathology case #:

SPECIMEN SUBMITTED BY: Name (Last, First, Middle Initial)	Address (building, room)	DATE SUBMITTED
	Phone /Pager #	Organization (Institute)

PRINCIPAL INVESTIGATOR Name (Last, First, Middle Initial)	PHYSICIAN'S ADDRESS (Building, Room #)
Clinical Diagnosis	
Brief Clinical History	
Gross Description, Number of Histology Slides and Blocks Received	
Special Requests or Processing Notes	

PATIENT NAME	AGE	DOB	SEX	RACE
MEDICAL RECORD NUMBER	SOCIAL SECURITY NUMBER (IF AVAILABLE)			
PATHOLOGIST	Resident		Date	
	Attending		Date	