



Pathology Consultation - Specimen Transmittal form
Diagnostic consultation or Registry enrollment

Physician Information

Referring Pathologist: _____ E-mail: _____
Phone: _____ Fax: _____
Referring Institution: _____
Address/City/State/Zip/Country _____

Referring Oncologist: _____ E-mail: _____
Phone: _____ Fax: _____

Patient Information (please use one form for each surgical case)

Patient Name (last, first): _____ Date of Birth (mm/dd/yyyy): _____
Diagnosis Date (mm/dd/yyyy): _____ Diagnosis _____
Patient's Clinical History/Surgical History: _____

Include the following with your submission:

- Complete pathology report(s) **AND**
 - 2 H&E slides from the most representative block
 - 10 unstained sections (on plus charged, polarized slides) for immunoperoxidase or 1 block
 - Four, 10-micron paraffin scrolls from representative block in sterile Eppendorf tubes

If frozen tissue is available, we will contact you separately regarding shipping.

Is FROZEN TISSUE available? Yes No

Accession #: _____ Diagnosis date (mm/dd/yyyy): _____
Total # slides: _____ Slide numbers: _____
Total # blocks: _____ Block numbers: _____
Total # scrolls: _____ Other materials: _____

Do pathology materials need to be returned? All None Blocks only **Date materials sent to the Registry:** _____

SHIPPING INFORMATION

Ship via FedEx* using account # 659273071,
reference # 20435 30024
Children's Minnesota
International PPB/DICER1/OTST Registry
910 East 26th Street
Suite 40- LL08
Minneapolis, MN 55404 USA

FOR INTERNATIONAL SHIPPING

Label outside of the package with the following: "The package contains preserved, non-infectious human tissue on glass slides or in paraffin wax for medical diagnosis purposes."

