



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.
Please place each scroll in its own sterile Eppendorf tube.

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
2545 Chicago Ave
Suite 515
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."

2545 Chicago Ave., Suite 515, Minneapolis, MN 55404

P: 612-183-7121

F: 612-813-7108

