Lab Use Only:

AAD PATHOLOGY
5210 Webb Road
Tampa, FL 33615
Phone (813) 882-9986 ext 1116, 1137
Fax (813) 885-5015

Slide Request Form

Patient Info:

Patient Name _____ DOB_____

Accession # _____ Diagnosis _____

Date of Service _____ Date of Request _____

Reason for Request _____

Requesting Physician _____

Physician Info:

Name of Consulting MD _____

Department _____

Location:

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

*****PLEASE RETURN ALL SLIDES AND MATERIALS WHEN FINISHED TO AAD PATHOLOGY AT THE ABOVE ADDRESS*****

Additional Comments: