



## PATHOLOGY MATERIAL TRANSMITTAL FORM

### *Patient Information:*

**LAST NAME** : \_\_\_\_\_  
**FIRST NAME** : \_\_\_\_\_  
**HEALTH CARD** : \_\_\_\_\_  
**DATE OF BIRTH** : \_\_\_\_\_

### *Reason for Material Transmission:*

- Additional material on case sent previously.
- New request from KGH  
Name of KGH Physician requesting material: \_\_\_\_\_
- New request for external consultation  
Name of external physician/pathologist requesting review: \_\_\_\_\_
- Note: 1. Professional and technical fees may apply to external consultations.  
2. Please provide relevant information in comment section.
- Other (specify in comment section)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### *Material Being Requested from:*

**INSTITUTION NAME** : \_\_\_\_\_  
**SPECIMEN #(s)** : \_\_\_\_\_  
**STAFF NAME REQUESTING SPECIMEN:** \_\_\_\_\_  
**DATE REQUESTED:** \_\_\_\_\_

**SLIDES** :  Yes  No  
If yes, how many \_\_\_\_\_

**BLOCKS** :  Yes  No  
If yes, how many \_\_\_\_\_

**REPORTS** :  Yes  No

**KGH will return all materials submitted within 30 days**