# PATHOLOGY MATERIAL TRANSMITTAL FORM

## Patient Information:

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME</td>
<td>________________________________</td>
</tr>
<tr>
<td>HEALTH CARD</td>
<td>________________________________</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>____  ____  ____  ____</td>
</tr>
</tbody>
</table>

## 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:

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIMEN #(s)</td>
<td>________________________________</td>
</tr>
<tr>
<td>STAFF NAME REQUESTING SPECIMEN</td>
<td>________________________________</td>
</tr>
<tr>
<td>DATE REQUESTED:</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

- [ ] SLIDES  
  If yes, how many  
  ________________________________
- [ ] BLOCKS  
  If yes, how many  
  ________________________________
- [ ] REPORTS  
  ____________________________________________________________

KGH will return all materials submitted within 30 days.