



Dell Children's Medical Center Department of Pathology

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Pediatric Pathology Consultation Request

Requesting Physician: _____ Email _____

Facility Accession # _____ Tel: _____

Specimen Collected Date: _____ Fax: _____

Today's Date _____ Materials submitted Slides # _____ Blocks # _____

Paperwork Facility Requisition Gross Report Patient Demographics Billing Information

Comments (Requesting Physician):