



Department of Pathology
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Red Bank Division
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REQUEST FOR SLIDES AND/OR BLOCKS FORM

Fax completed form to 732-548-7408 or
email completed form to cbuoye@rbgastro.com

Date Requested_____

Date of Procedure_____

Patient Name_____

Date of Birth_____

Reason for Request_____

Name of Physician Requesting_____

Name of Institution where slides/blocks are going

Address of Institution

Signature of Patient

Name of Person Requesting (if not patient)

Received by_____

FOR LABORATORY USE ONLY

Date Released_____ Tech Initial_____

Form of ID shown_____

Date Returned_____ Tech Initial_____

****Slides will be released within 24-48 hrs of request****