

**Martha Jefferson Hospital  
459 Locust Avenue  
Charlottesville, Virginia 22902**

Telephone: 434.982.7188

Fax: 434.982.7944

**Request for Pathology Slides to be Sent to MJH Anatomic Pathology Laboratory**

**Scheduled date of surgery:** \_\_\_\_\_

Case diagnosed at: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Phone #: \_\_\_\_\_ Pathology Accn #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Review requested by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Patient Insurance: Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

History:  
\_\_\_\_\_  
\_\_\_\_\_

**Referring physician office:**

Fax this request and a signed/dated patient release authorization form to the pathology laboratory rendering the diagnosis.

Submit this original form to MJH AP Lab

**Pathology Laboratory:**

Please submit slide(s) and report(s) to: Martha Jefferson Hospital  
Anatomic Pathology Laboratory, Ground Floor  
459 Locust Avenue  
Charlottesville, Virginia 22902  
434.982.7188

**Thank you in advance for your assistance in the care of this patient.**