



Martha Jefferson Hospital  
459 Locust Avenue  
Charlottesville, VA 22902

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## **Request for Pathology Slides and Reports to be sent to Outside Institutions**

### **Patient Info**

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

Accession # \_\_\_\_\_ Diagnosis \_\_\_\_\_

Date of Slides \_\_\_\_\_

Reason for Request \_\_\_\_\_ **Requesting Physician** \_\_\_\_\_

### **Physician Info**

Name of Consulting MD \_\_\_\_\_

Department \_\_\_\_\_

### **Location To Send Slides**

Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Instructions:

- Fax this completed request to the above fax number for MJH Laboratory Services.
- Please note that particular care must be taken for slides sent to large institutions such as Mayo or John Hopkins. At these larger institutions, a complete address including a building # , floor # , and room # is required.

In advance, thank you for your assistance.