

# Anatomic Pathology

## Request for slide/block processing - Clinical Trials Only

1. Complete form below in its entirety in order for the request to be fulfilled.  
**ALL FIELDS MUST BE COMPLETED**
2. Deliver form to UH2/F341 - Anatomic Pathology Customer Service Center Desk along with your sample material (slide, block, or tissue) or FAX 66813
3. AP Service Center will page or email you when your requested materials are ready for pickup.
4. If questions about how to complete this form, contact Nancy Fritzemeier @ 66801 with questions.

**Slides/Blocks required in 24 hrs. for subject enrollment**

### CLINICAL TRIAL INFORMATION

Study Title:	
Research MRN:	
PI Name (UM physician):	
Study Coordinator Name:	Study Coordinator phone/email:
<b>SLIDE LABEL (COSL5):</b>	
Line 1:	Path will insert a case #
Line 2:	Path will insert the block/slide label
Line 3:	Patient Study ID: _____
Line 4:	Sponsor protocol number (not UMCC): _____
Line 5:	Original collection date: _____
Line 6:	Path will insert stain ID and original pathology accession #
Line 7:	Path will insert University of Michigan lab identification

### IF SUBMITTING NEW TISSUE FOR EMBEDDING, BLOCK LABEL INFORMATION NEEDED:

Date:	_____	Accession #:	_____
Time:	_____	Patient Study ID:	_____
		Other:	_____

### IF HISTORICAL/ARCHIVED BIOPSY CASE, PATIENT INFORMATION:

Patient Name involved in trial:	DOB:			
Patient MiChart MRN:				
Material given to lab (use check box):	Tissue	Block	Slides	None (UMHS internal)
If blocks or slides, accession #:				
Instructions to Pathology ( e.g., 10 unstained slides):				