OCULAR PATHOLOGY CONSULTATION REQUEST

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☐ Call results to (MD/pager):

Send copy of report to:

☐ OD   ☐ OS   ☐ OU

Tissue submitted:

PROCEDURE PERFORMED:

CLINICAL Hx:

CLINICAL Dx / ICD-9 CODE:

WAS A SPECIMEN FROM THIS CASE SENT TO ANOTHER LABORATORY?

☐ FROZEN SECTION ☐ IMMUNOPATHOLOGY ☐ MICROBIOLOGY ☐ FLOW CYTOMETRY

FOR LABORATORY USE ONLY

VERBAL REPORT: [ ]

TO:

DATE/TIME RECEIVED:

ACCESSION NUMBER:

http://www.medicine.uiowa.edu/eye/path-lab/

Ref—Prot: 1.1.2