

Pathologist Review

Submitting Facility _____

Phone number (required) _____ Fax number (required) _____

Name: _____

DOB: _____ Male/Female

Facility/chart label

- CBC/Differential results must be attached
- Send at least 1 stained slide

Reason for Referral: _____

Pathologist Interpretation:

Pathologist Signature _____ Date _____