National Cancer Institute

Medical Sample Request Form

Patient Name: _____ **Date of Birth:** _____

Attn : Department of Pathology

_____

_____

_____

_____

Please send pathology samples from surgery done this date:_____.

As first preference, please send a **BLOCK** from the tumor.

If a block is not available, please send **20 consecutive UNSTAINED SLIDES** and one representative H+E from the tumor. If 20 slides cannot be prepared, please send as many unstained slides as possible.

Please do not charge the patient or the patient's insurance company. If payment is required, please call Dr. Kim at the number below to make arrangements.

Please send all material to the following address:

Su Young Kim, MD PhD

Pediatric Oncology Branch, National Cancer Institute, National Institutes of Health
10 Center Drive, Building 10, CRC 1w-3750, Bethesda MD 20892

301-451-7018 phone 301-451-7010 fax kimsuyou@mail.nih.gov

Please contact me with any questions at _____.

I hereby authorize the release of my samples as requested above.

Signature _____ Date _____

(Patient name)