



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Department of Pathology
Research Material Request Form

Path Registration Number:

Date:

Contact person:

Billing account No.:

E-mail

Phone number

Study Pathologist:

Please provide a list of the cases requested. If you have your request in an excel sheet, please contact our offices for further instructions.

SLIDES

BLOCKS

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Comments

Signature:

Date: