MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION
DERMATOPATHOLOGY ASSOCIATES

Slide Authorization Request Form

Tel. 855-644-3376
Fax. 617-658-9399
www.mydermpath.org

Request for Dermatopathology Slides

Date of Request	
Name of Physician or Practice	
Address 1	
Address 2	
City, State, Zip Code	
Contact Person	
Contact Phone Number	
Requests	*Indicate slide or block numbers, and (if unstained slides are needed, request how many)*

Patient Information (Fill in information of affix label)

Patient Name	
Date of Birth	
MGPO Accession number	

All materials must be returned within 30 days to:
MGPO DERMATOPATHOLOGY ASSOCIATES
Attn. Tish Reilly
2 Wells Avenue
Newton, MA 02459

By signing below, I certify that I am involved in the patient's treatment and need the slides for treatment purposes. I understand that these are originals and ***must be returned*** *intact along with a copy of diagnostic report within 30 days to MGPO Dermatopathology Associates.*

Signature *Date*

Internal Use Only

No. of slides or blocks sent	
Slides reviewed prior to release:	
Comments	