

**UNC HOSPITALS DIVISION OF HEMATOPATHOLOGY**

NC Cancer Hospital, Room C3162, 101 Manning Drive, 3<sup>rd</sup> Floor, Chapel Hill, NC, 27514, Phone: 984-974-8320, FAX 984-974-8563

Director: Yuri Fedoriw, MD

**Request/Loan Form**

(For UNCH Hematopathology Materials)

**REQUEST:**

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

UNC MR# \_\_\_\_\_ Contact Information: \_\_\_\_\_

Additional Patient Information: \_\_\_\_\_

Reason for Request: Protocol: \_\_\_\_\_ (Account #: \_\_\_\_\_) Patient Referral \_\_\_ Second Opinion \_\_\_

Materials Requested: (Blocks will only be released at the discretion of the Director.)

Case(s)/Date(s) of Service: \_\_\_\_\_

Referral to: Attn: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(FAX): \_\_\_\_\_

Method of Delivery: Fed Ex \_\_\_\_\_ (Account # \_\_\_\_\_)  
Self Pick-up \_\_\_\_\_

.....  
**TO BE COMPLETED BY HEMATOPATHOLOGY**  
.....

**LOAN: MATERIAL SENT**

Case #: \_\_\_\_\_ Report: \_\_\_\_\_  
Total # of Slides \_\_\_\_\_ (\_\_\_\_\_) as \_\_\_\_ \*Original/ \_\_\_\_\_ Stained Recut(s)/ \_\_\_\_\_ Unstained Recut(s)  
Total # of \*Block(s) \_\_\_\_\_ (\_\_\_\_\_)  
Additional material (released previously on \_\_\_\_\_ by \_\_\_\_\_):  
\_\_\_\_\_  
\_\_\_\_\_

Case #: \_\_\_\_\_ Report: \_\_\_\_\_  
Total # of Slides \_\_\_\_\_ (\_\_\_\_\_) as \_\_\_\_ \*Original/ \_\_\_\_\_ Stained Recut(s)/ \_\_\_\_\_ Unstained Recut(s)  
Total # of \*Block(s) \_\_\_\_\_ (\_\_\_\_\_)  
Additional material (released previously on \_\_\_\_\_ by \_\_\_\_\_):  
\_\_\_\_\_  
\_\_\_\_\_

**RECIPIENT:** \_\_\_\_\_ **\*Return original slides and any blocks sent to address on letterhead.**  
\_\_\_\_\_ **If charges result, please bill the patient directly. (Billing information is attached.)**  
\_\_\_\_\_ **If a report results, please FAX to 984-974-8563.**

**SIGNATURE:** \_\_\_\_\_, **Hematopathologist Date:** \_\_\_\_\_