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[cairodiagnostics.com](http://cairodiagnostics.com)

We, *(Name of facility)* \_\_\_\_\_, request the send out of the following material and report to be sent to the attention of *(Name of Physician or contact person)* \_\_\_\_\_, Located at *(Specify address)* \_\_\_\_\_ and can be reached at *(Phone)* \_\_\_\_\_ and *(Fax)* \_\_\_\_\_ for Patient with D.O.B. of \_\_\_\_\_ for Date of Service \_\_\_\_\_.

**Material and Reports being requested:**

Total Number of Pathology Slide(s) \_\_\_\_\_

Total Number of Paraffin Block(s) on \_\_\_\_\_

Total Number of Copy of the Report(s) \_\_\_\_\_

**Request Date** \_\_\_\_\_

**Requested By** \_\_\_\_\_

**Date in which requested material is needed by** \_\_\_\_\_

FedEx Account Number \_\_\_\_\_ . UPS Account Number \_\_\_\_\_

**For any questions regarding this request please reach out to the following:**

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date