



### Pathology Digital Slide Collection Description Form

Requestor: \_\_\_\_\_ Date Submitted: \_\_\_/\_\_\_/\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fill out a separate table for each description.  
 There can be multiple slides per single description entry.

Case Number	Slide Numbers
Case Number	Slide Numbers
Age	Gender <b>F</b> <b>M</b>
Clinical History	
Diagnosis	
Difficulty 1 - 5 (for teaching)	Contributor (your name)
Comment (optional)	
Notes (optional)	
<i>The following can have multiple entries; if you need more, add into Notes field.</i>	
Category-1 (Disease or Organ System)	
Subcategory-1	
Category-2 (Disease or Organ System)	
Subcategory-2	