Diagnosis: ________________________________

Tissue/Organ: ___________________________

Blocks: _________________________________

Age: ___________ Gender: ______

Clinical history:

□ Clinical summary enclosed.
□ Summarized below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Diagnostic imaging:

□ Diagnostic imaging files and/or reports enclosed.
□ Listed and described below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Special studies:

□ Included in enclosed reports.
□ Additional studies described below.

Immunohistochemistry:

________________________________________________________________________
________________________________________________________________________

Cytogenetics:

________________________________________________________________________

Electron microscopy:

________________________________________________________________________
Molecular studies:

_______________________________________________
_______________________________________________

Other:

________________________________________________________________________

Contact information:
Name: ____________________________________________
Address: ___________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Phone: ____________________________________________
Fax: _____________________________________________
Email: ___________________________________________

Checklist of submitted materials:
□ Tissue – at least 3 paraffin blocks (Formalin-fixed "wet" tissue also accepted.)
□ Surgical pathology report / Autopsy report
□ Clinical summary
□ Diagnostic imaging files/reports
□ Gross images
□ Electron microscopy images
□ Other ancillary studies – images/reports

Note: Submitted materials must be de-identified and should not include any unique patient identifiers such as patient name, medical record number, or date of birth. All tissues and paraffin blocks will be retained by SPP, and will not be returned to the submitting pathologist unless specifically requested. Diagnostic imaging, gross images, electron microscopic images, and other electronic files are encouraged and can be submitted on CD or by email (see below).

Please send this form and other materials for submission to:
Megan K. Dishop, MD
Slide Survey Subcommittee Chair
Department of Pathology, B120
Children’s Hospital Colorado
13123 E. 16th Avenue
Aurora, Colorado 80045
Ph. 720-777-4337
Fax 720-777-7119
Email: Megan.Dishop@childrenscolorado.org

Thank you for supporting the SPP slide survey program!