

# Specimen Transmittal Form Central Pathology Review



Patient identification			
<b>DCOG patient ID</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Date of birth</b> (dd/mm/yyyy)	__ / __ / ____
<b>Patient initials</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> first name, surname	<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female

*Please send the original form with the slides to the reference pathologist.*

See reference list per protocol

*Please send a copy to SKION:*

Trial and Data Center  
Heidelberglaan 25  
3584 CS Utrecht

Pathology review information	
Hospital at diagnosis:	.....
Treating physician:	.....
Protocol:	.....
Reference Pathologist:	.....
Date biopsy:	__ / __ / ____ (dd/mm/yyyy)
Biopsy number(s):	.....
Specimen type:	.....
Working diagnosis: *	.....
* Please include the complete report, including the immunophenotyping if available.	
Nr of pages in this shipment: .....	Nr of specimens in this shipment : .....

Remarks
.....
.....
.....

Contact Person			
<b>Local Pathologist</b>	<input type="text"/>	<b>Phone #</b>	<input type="text"/>
<b>Date</b> (dd/mm/yyyy)	__ / __ / ____		