Lab Use Only:

PRW LABORATORIES
2331 Seminole Ln., Suite 102
Charlottesville, VA 22901
Ph (434) 244-0162
Fx (434) 244-0153

Slide Request Form

Patient Info:

Patient Name _____ DOB_____

Accession # _____ Diagnosis _____

Date of Service _____ Date of Request _____

Reason for Request _____

Requesting Physician _____

Physician Info:

Name of Consulting MD _____

Department _____

Location:

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

*****PLEASE RETURN ALL SLIDES AND MATERIALS WHEN FINISHED TO PRW LABORATORIES AT THE ABOVE ADDRESS*****

Additional Comments: