



DEPARTMENT OF PATHOLOGY
Request for Special (or Immuno) Stains without interpretation or report
Please type or print

Patient Name/Date of Birth _____

Accession Number _____

Stain(s) Requested _____

Institution/Doctor Requesting Stain

**Billing information (if different)
(institutional billing only)**

Phone # for questions _____

FedEx account number _____. **If not provided, slide(s) will be returned via regular mail.**

Please send unstained slide(s) or paraffin block along with request form to:

Cincinnati Children's Hospital Medical Center
Department of Pathology ML 1035
3333 Burnet Avenue
Cincinnati, OH 45229-3039
Attn: Debbi Riddle

Phone: 513-636-4263
Fax: 513-636-3924