

IN-HOUSE PHOTOMICROGRAPH REQUEST FORM

INSTRUCTIONS

This form is for the purpose of requesting pathology slides, from Mount Sinai St. Luke's, Mount Sinai West, and Mount Sinai Beth Israel, by house staff for academic uses; e.g. case reports and conferences. Please fill out the following form and return it using the instructions below:

1. Requests are to be submitted no later than two weeks prior to deadlines.
2. Please allow up to five business days for a response regarding your request.
3. Our images and descriptions are intellectual property and **authorship is required**.
4. Completed forms should be emailed to the chief at the corresponding case location:
 - West (RS/RP) – Dominick Guerrero (Dominick.Guerrero@mountsinai.org)
 - St. Luke's (SS/SP) – Shyam Prajapati (Shyam.Prajapati@mountsinai.org)
 - Beth Israel (BS) – Wenjing Shi (Wenjing.Shi@mountsinai.org)

REQUESTING HOUSE STAFF

Name: _____

Date of request: _____

Desired date of completion: _____

Department: _____

Location: St. Luke's (SS/SP) West (RS/RP) Beth Israel (BS)

Email: _____

Phone number: _____

PATIENT INFORMATION

Name: _____

MRN: _____

Surgical pathology case number (e.g. SS17-000): _____

By checking this box you agree that you have read the instructions and conditions listed above, that you understand them, and that you agree to be bound by them.