

## IN-HOUSE PHOTOMICROGRAPH REQUEST FORM

### INSTRUCTIONS

This form is for the purpose of requesting pathology slides, from Mount Sinai St. Luke's, Mount Sinai Roosevelt, 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, descriptions and efforts are intellectual property and **authorship is required**.
4. Completed forms should be emailed from your [mountsinai.org](mailto:mountsinai.org) account to all the chief residents below in order to expedite the process:
  - o Malary Mani ([Malary.Mani@mountsinai.org](mailto:Malary.Mani@mountsinai.org))
  - o Julian Samuel ([Julian.Samuel@mountsinai.org](mailto:Julian.Samuel@mountsinai.org))
  - o Kunwar Singh ([Kunwar.Singh@mountsinai.org](mailto:Kunwar.Singh@mountsinai.org))

### REQUESTING HOUSE STAFF

Name: \_\_\_\_\_ PGY: \_\_\_\_\_

Date of request: \_\_\_\_\_

Desired date of completion: \_\_\_\_\_

Department: \_\_\_\_\_

Location: St. Luke's           Roosevelt           Beth Israel

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### PATIENT INFORMATION

Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Surgical pathology case number (e.g. SS15-0000) **\*REQUIRED\***: \_\_\_\_\_

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.