For pathologist component of reporting form:

OMB #: 0925-XXXX Expiration date: XX/XX/20XX

Public reporting for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

AsiaLymph Study		Subject ID (Affix label here)
Pathology Specimen	Request & Tracking	
Section 1: Prepared by Interviewer		
Hospital Name:	Hospital AsiaLymph ID:	
Date Requested:		
Study Subject Patient's Name	Patient's Hospital / Outpatient	Clinic Number
Patient's Hong Kong ID Number		
Is patient from a referral hospital?		
Referral hospital name:		
Interviewer name:		
Name		
		·
Section 2: Prepared by Pathologist or Delegate		
Date slides cut:	Pathology specimen number:	
Pathologist:		
Name		
Unstained Slides Thick Se	ctions (20 µ) Section Sequence	Section Created
Number of slides cut:	0341	
	0342	
If no unstained slides are cut, please provide original	diagnostic slides which will be retu	rned after review
Enter number of stained slides:	Enter number of immunostained slid	es:
Diagnostic slides were made at:	ferral Hospital 📃 Study Ho	ospital
If original diagnostic slides are not provided, are they	available for future review?	YES 🗌 NO
Diagnostic slides available at:		
Is frozen tissue is available? YES INO		
Section 3: Prepared by Interviewer		
Date slides picked up from pathology lab:Date slides mailed to Pathology Center (QEH):DDMMDDMMYYYYDDMMYYYY		

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