

For pathologist component of reporting form:

OMB #: 0925-0654  
Expiration date: 10/31/2015

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**AsiaLymph Study**  
**Pathology Specimen Request & Tracking**

Subject ID  
(Affix label here)

**Section 1: Prepared by Interviewer**

Hospital Name: \_\_\_\_\_ Hospital AsiaLymph ID:

Date Requested:   /   /      
D D M M Y Y Y Y

Study Subject Patient's Name  Patient's Hospital / Outpatient Clinic Number

Is patient from a referral hospital?  YES  NO  
Patient's Hong Kong ID Number

Referral hospital name: \_\_\_\_\_

Interviewer name: \_\_\_\_\_     
Name

**Section 2: Prepared by Pathologist or Delegate**

Date slides cut:   /   /      
D D M M Y Y Y Y Pathology specimen number:

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

Unstained Slides	Thick Sections (20 μ)	Section Sequence	Section Created
Number of slides cut: _____		0341	<input type="checkbox"/>
		0342	<input type="checkbox"/>

If no unstained slides are cut, please provide original diagnostic slides which will be returned after review

Enter number of stained slides: \_\_\_\_\_ Enter number of immunostained slides: \_\_\_\_\_

Diagnostic slides were made at:  Referral Hospital  Study Hospital

If original diagnostic slides are not provided, are they available for future review?  YES  NO

Diagnostic slides available at:  Referral Hospital  Study Hospital

Is frozen tissue is available?  YES  NO

**Section 3: Prepared by Interviewer**

Date slides picked up from pathology lab:   /   /      
D D M M Y Y Y Y Date slides mailed to Pathology Center (QEH):   /   /      
D D M M Y Y Y Y