



Pathology Coordinating Office
The Ohio State University
Department of Pathology
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Columbus, Ohio 43240
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www.pathology.osu.edu/htrn

Date: _____

To the attention of the Pathology Coordinating Office:

Concerning the submission for study number _____, patient ID number _____.

I was unable to submit:

- Whole blood (cycle _____)
- Serum (cycle _____)
- Urine (cycle _____)
- Plasma (cycle _____)
- Tumor block
- Non-tumor block
- H&E slides
- Unstained slides
- Smears
- Cores
- Other _____

Due to the following reason:

- I forgot to draw this cycle
- Institution would not release material
- Scant tissue, no additional material available
- Patient refusal
- Other _____

Pathologist Information **Required**:

Pathologist signature _____

Pathologist printed name _____

Pathologist phone number _____

Pathologist email address _____

Thank you, and please contact me as below:

CRA signature _____

CRA printed name _____

CRA phone number _____

CRA email address _____

Dear CRA: Please remember that your patient may not be eligible if pathology submission is incomplete. **We do not process samples until all items are received. This form will not be accepted if it is not filled out entirely.** This letter must be included with all incomplete submissions. Please call us if you need further assistance. Thank you again for your participation.