



Pathology Coordinating Office
The Ohio State University
Department of Pathology
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Columbus, Ohio 43240
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614-293-7967 (fax)
Path.calgb@osumc.edu
www.pathology.osu.edu/htrn

Date: _____

To the Attention of the Pathology Coordinating Office:

Concerning the submission of:

Block number(s) _____

H&E slide number(s) _____

CALGB study number _____, patient number _____.

I am requesting the return of the submitted samples:

- At the end of the study
- Within 2 months
- Within the following time frame (not less than 2 months): _____.

Please return the submitted samples to the following address:

Thank you,

Name _____

Phone _____

Email _____