

WCM Breast Pathology Slide Return FormDate: **Institution Information**Institution:
Address:
City/State/Zip:
Phone: Fax: Email:
Contact person: **Patient Information**Patient Name: Date of Birth: Sex: Male Female
Our Accession Number (SC): **Courier Information (Required)** DHL Express Federal Express United Parcel Service (UPS) Other
Your Courier Account Number:

Please Note: We require a minimum of 3 days from receipt in writing to process a request for return of slides and/or blocks. Materials will be shipped by 2-day service (unless otherwise indicated), billed to your account.

Thank You!