



REQUEST TO BORROW MATERIAL

Patient Information

Last Name	First Name	MI	Date of Birth / /	Sex	
				M	F

PETROGLYPH Accession Number _____

Contact & Facility Information

Last Name	First Name	MI	Date of Request / /	
Facility Name	Facility Phone Number	Facility Fax Number		
Facility Address	City	State	Zip Code	

Consult requested by: _____ Patient Physician Outside Institution

Reason for Consult: (required) _____

NOTE: It is Petroglyph’s standard policy to not provide tissue blocks/unstained slides. Additional testing necessary for patient care may be requested through Petroglyph/Quest.

FedEx or UPS # _____

For PETROGLYPH Pathology Use Only		
_____ Slide(s) Enclosed		_____ Report(s) Enclosed
Signature of Person Accepting Material	Date / /	PETROGLYPH Pathology Services maintains ownership of all materials released. Please return all materials within 30 days.

If following the examination of these slides a report is generated; a copy of your report would be appreciated. Thank you.

PETROGLYPH Pathology Services
640 Quantum Rd, Rio Rancho, NM 87124
505.924.0209

Fax completed form to 505.924.0210