



NAAG Pathology Labs

A Professional Medical Corporation

Tissue Consultation Request Form

CONTACT INFORMATION

Date	
Agency	
Referring Physician	
Mailing Address	
Phone	
Fax	
Email	

CASE INFORMATION

Client Case Number	
Decedent Name	
Date of Birth	
Date of Death	
Date of Autopsy	
Sex	
Race	

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LABORATORY 11107 Roselle Street, Suites 226-228, San Diego, California, 92121

Circumstances of Death	
Relevant Clinical, Historical and Investigative Findings	
Summary of Autopsy Findings Including Presumed Cause and Manner of Death	
Specific Questions for Consultation	

FOR OFFICE USE ONLY

<i>Case Label here</i>

Date specimen received	
Date of dissection	
Date blocks to lab	
Date slides received	
Special stains required	
IHC required	
Date special stains received	
Date IHC received	
Lead PR physician	
Date to PR	
Date PR finalized	
Date report finalized	
Date report released	
Date tissue returned to originating agency	

# Blocks Submitted	
# Photos Taken	
# Photomics Taken	