



# The Dermatopathology Laboratory

5001 Centre Avenue  
Third Floor  
Pittsburgh, PA 15213  
(412) 682-3083  
(412) 682-3511 fax

## Specimen Verification Form

TODAY'S DATE \_\_\_\_\_

Dr. Name, Office & Location \_\_\_\_\_

Person sending \_\_\_\_\_

Number of Specimens Bottles Sent \_\_\_\_\_

### Request for Supplies

- |   |   |
|---|---|
| <input type="checkbox"/> H & E Bottles (Formalin)   | <input type="checkbox"/> Requisitions       |
| <input type="checkbox"/> 20ml <input type="checkbox"/> 40ml <input type="checkbox"/> 60ml | <input type="checkbox"/> This Form          |
| <input type="checkbox"/> IF Bottles (Michels)   | <input type="checkbox"/> FedEx Canisters    |
| <input type="checkbox"/> Courier Bags   | <input type="checkbox"/> FedEx Air Bills    |
| <input type="checkbox"/> Biohazard Bags   | <input type="checkbox"/> FedEx Courier Bags |
| <input type="checkbox"/> Nail Culture Tubes   |   |

### **DO NOT WRITE BELOW THIS LINE**

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**Specimens Recv'd** \_\_\_\_\_  
For lab use only

**Initials** \_\_\_\_\_  
For lab use only

Please fill out this form to verify number of bottles sent. Place in courier bag, one form per shipment. This will be correlated with specimen received in the laboratory. If a discrepancy is found, your office will be notified immediately to resolve this issue. Also, if you are in need of supplies, please complete above section and return with your specimens. Thank you for your cooperation in helping us better serve you. We will retain this record for future reference.

TRACK# \_\_\_\_\_