



**DIVISION OF ANATOMICAL PATHOLOGY**

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**REQUEST OF PHOTOGRAPHS / SLIDES/ DIGITAL IMAGES**



**NAME OF REQUESTING DOCTOR:**

**DIVISION/DEPARTMENT:**

**SIGNATURE**

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<b>PATHOLOGY REFERENCE NUMBER</b>	<input type="text"/>
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<b>NUMBER OF IMAGES</b>	<input type="text"/>
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<b>DETAIL OF IMAGES(S)</b>
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<b>REASON FOR REQUEST</b>
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<b>PATHOLOGIST:</b>	<input type="text"/>
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**NOTE:** These images are provided for meetings at which the Pathologist, for whatever reason, cannot be present and are for the benefit of the patient concerned and must be used within this academic institution only. They may also be used for teaching within this institution. These images may not be used for Conference presentations/posters and publications. The Head of Division must be contacted if images are needed for the latter purposes.