WHOLE SLIDE SCANNING REQUEST FORM

**Faculty/Trainee Submitting Case:** Click here to enter text.

**Purpose:** Choose an item. **Detail (Required for Other):** Click here to enter text.

**Date needed:** Click or tap to enter a date.

**Objective:** 20x

**CASE INFORMATION FOR PATHOLOGY DATABASE**

**Case #:** Click here to enter text.

**Category:** Choose an item.

**Organ/Site:** Click here to enter text.

**Clinical History:** Click here to enter text.

**Tags (Optional):** Click here to enter text.

**Diagnosis (will not appear in DSB):** Click here to enter text.

\*For multiple cases, copy and paste the form fields to provide information for each case

PHI will not appear on the Educational side of eSlide Manager. Cases are organized by subspecialty and given a numerical index.