



IN-HOUSE PHOTOMICROGRAPH REQUEST FORM

INSTRUCTIONS

This form is for the purpose of requesting pathology slides, from Mount Sinai St. Luke's, Mount Sinai Roosevelt, and Mount Sinai Beth Israel, by house staff for academic uses; e.g. case reports and conferences. Please fill out the following form and return it using the instructions below:

1. Requests are to be submitted no later than two weeks prior to deadlines.
2. Please allow up to five business days for a response regarding your request.
3. Our images, descriptions and efforts are intellectual property and **authorship is required**.
4. Completed forms should be emailed from your mountsinai.org account to all the chief residents below in order to expedite the process:
 - o **Mount Sinai West: Tauhid Awan (Tauhid.Awan@mountsinai.org)**
 - o **Mount Sinai Morningside: Poojaben Dhorajiya (Poojaben.Dhorajiya@mountsinai.org)**
 - o **Mount Sinai Main: Sushma Ravirala (Sushma.Ravirala@mountsinai.org)**

REQUESTING HOUSE STAFF

Name: _____ PGY: _____

Date of request: _____

Desired date of completion: _____

Department: _____

Location: Morningside West MSH Main

Email: _____

Phone number: _____

PATIENT INFORMATION

Name: _____

MRN: _____

Surgical pathology case number (e.g. SS15-0000) ***REQUIRED***: _____

By checking this box you agree that you have read the instructions and conditions listed above, that you understand them, and that you agree to be bound by them.