



Yale Dermatopathology  
Rossitza Lazova, MD

**Request for Specimen**

I, \_\_\_\_\_, give permission to

*(If you do not know the name of the pathology laboratory where your tissue is stored, leave this blank for Yale to fill out)*

to release the following laboratory reports, slides and/or blocks to YALE

DERMATOPATHOLOGY LABORATORY for use in the Spitzoid Neoplasm  
Repository.

Patient Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

City of Practice: \_\_\_\_\_

FOR LABORATORY USE ONLY

Reports, slides and blocks for case #: \_\_\_\_\_

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