

PLEASE MAIL PATHOLOGY SAMPLE TO:

ANNA STAGNER, M.D.  
ATTN: CHERYL PRATT  
DAVID G. COGAN EYE PATHOLOGY LABORATORY  
MASSACHUSETTS EYE AN EAR INFIRMARY  
243 CHARLES STREET – ROOM 328  
BOSTON, MASSACHUSETTS 02114

TISSUE SAMPLES SHOULD BE SENT IN FORMALIN, IN LEAK-PROOF CONTAINERS, LABELED WITH PATIENT NAME, DATE OF BIRTH, DATE OF SERVICE, SURGEON, AND SPECIMEN SOURCE ALONG WITH A COMPLETED REQUISITION AND PATIENT DEMOGRAPHIC SHEET OR THE FOLLOWING/ATTACHED INFORMATION SHEET.

FOR OVERNIGHT SHIPPING, FEDERAL EXPRESS HAS A DIAGNOSTIC SPECIMEN BAG. FEDERAL EXPRESS CAN BE CONTACTED AT 800-463-3339 TO ARRANGE FOR MAILING SUPPLIES AND DELIVERY PACKAGE PICK-UP.

FOR CONSULTATIONS ON OUTSIDE SLIDES, PLEASE SEND THE SLIDES ALONG WITH A COVERLETTER STATING THE REASON FOR THE CONSULTATION, CLINICAL HISTORY, AND RELEVANT PATHOLOGY REPORTS.

FOR ALL SPECIMENS (TISSUE AND SLIDES) PLEASE INCLUDE THE NAME, ADDRESS, AND CONTACT TELEPHONE AND FAX NUMBERS OF THE PHYSICIAN REQUESTING THE CONSULTATION. IF THE PATIENT'S INSURANCE ALLOWS FOR THE BILLING OF THIS CONSULTATION, PLEASE INCLUDE THE COMPLETE PATIENT DEMOGRAPHICS; IF NOT, PLEASE PROVIDE THE BILLING INFORMATION FOR YOUR DEPARTMENT/INSITUATION.

PLEASE CALL CHERYL AT 617-573-3319 IF YOU HAVE ANY QUESTIONS. WE CAN ALSO BE REACHED BY FAX AT 617-573-3168.