



UNIT STOMATOLOGI
INSTITUT PENYELIDIKAN PERUBATAN
KUALA LUMPUR
(Institute for Medical Research)
Jalan Pahang
50588 Kuala Lumpur

Request for Microscopic Image

Note:

- Please fill in this form in **1 COPY**
- This form should be filled in by a clinician and countersigned by Head of Department
- The request form should be attached together with the soft or hard copy of the presentation or write-up and the attending Pathologist should be included as the co-author.
- The request will be processed within 14 working days from the requested date.
- All microscopic images will be sent through an e-mail.

1. DETAILS OF THE PATIENT

Patient's name		
I/C and HPE number		
Name of the attending Oral Pathologist		
Purpose	<input type="checkbox"/> Presentation <input type="checkbox"/> Publication <input type="checkbox"/> Others (<i>please state</i>):	
Requested date		

2. DETAILS OF REQUESTING OFFICER

Name	Clinician	Head of Department
Sign Designation Department Hospital	Official stamp	
Phone/ ext. num or H/p Number		
E-mail address		

FOR OFFICE USE

Name of the officer in-charge/ sign/ date of issued	
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