

**ANATOMIC PATHOLOGY REQUISITION  
FOR SLIDE REVIEW AND CONSULTATION**

PLEASE CIRCLE ONE LOCATION:

**Corewell Health Dearborn Hospital**18101 Oakwood Boulevard  
Dearborn, Michigan 48124**(Taylor, Trenton and Wayne Hospitals)****Corewell Health Wayne Hospital**33155 Annapolis Street  
Wayne, Michigan 48184**Corewell Health Farmington Hills Hospital**28050 Grand River Avenue  
Farmington Hills, Michigan 48336**Corewell Health Troy Hospital**44201 Dequindre Road  
Troy, Michigan 48085**Corewell Health WBUH Royal Oak and  
Corewell Health Grosse Pointe Hospital**Please send to:  
3601 West 13 Mile Road  
Royal Oak, Michigan 48073

PLEASE ADDRESS ALL PACKAGES WITH:

**ATTENTION ANATOMIC PATHOLOGY**

Patient's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ MRN \_\_\_\_\_

External Case Number \_\_\_\_\_ # of Slides \_\_\_\_\_ # of Blocks \_\_\_\_\_

External Facility \_\_\_\_\_

Specimen Collection Date (see external path report) \_\_\_\_\_

Requesting/Ordering Physician \_\_\_\_\_

Diagnosis/Code \_\_\_\_\_