Clinical Digital Pathology Services Request Form

To request whole slide scanning services to support clinical workflows and patient care services, please complete this intake form and send to [jhenrik@uw.edu](mailto:jhenrik@uw.edu). Requests will be reviewed and new services will be on-boarded if approved, beginning with pilot projects, as the facility is capable.

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| Requestor Information Please list contact information for the individual(s) who should be contacted to discuss these services. |
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| Area of Support The clinical workflow or patient care service. |
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| Description Please provide a description of the digital imaging services requested for this workflow. |
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| Justification Please provide a justification or describe the improvement digital imaging services would bring to this workflow. |
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| Frequency and Volume Please provide the predicted frequency of slide scanning services and number of slides per week. |
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| Type of Tissue and Slide Preparation Whole tissue excision/resection, biopsies, H&E, IHC, frozens, smears, cytology, etc. |
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| Image Resolution 20x or 40x slide scanning required for this service? |
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| Other Please include any additional information you would like to include for this request. |
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