

**COMPARATIVE PATHOLOGY LABORATORY
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE
PATIENT UPDATE FORM**

Thank you for completing this information regarding an interesting patient whose samples were sent to our lab. This information is very important to us and we appreciate your efforts.

If you have any questions, please contact us. Please fax this form to (305)243-5662.

Name of Clinic: _____

Account Number: _____

Person Completing This Form: _____

Date: _____

| |
|--|
| Patient Name |
| Sample ID number(s) |
| Final Diagnosis: |
| Confirming Data (i.e. culture, biopsy, necropsy information) |
| Current Status of the Patient: |
| Other |