



Date: _____

Dear Dr. _____,

I am requesting a second opinion on the surgical pathology from my recent surgery, which took place:

Johns Hopkins requires the following:

- A letter from you containing information pertaining to my medical history or the enclosed JHML Pathology Consultation request form
- Pathology report
- glass slides and pertinent paraffin blocks

Please send the package via Federal Express, UPS or priority mail with a signature of receipt required addressed to:

Phone: 410-955-2405 or 800-997-5475, press 1

Sincerely,
