Annex I

Contact details:

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Annex II

The form to be filled and sent with the slides:
Centre number :
Name of the Consultant Histopathologist :
Name and address of the Institution :
(The results will be posted to this)
Phone:
Contact details of the Consultant Histopathologist :
Mobile number :
E mail address :
I am here by sending following items with the filled form.
✓ 1 Slide box with 3 H & E stained slides.
Signature of the Consultant Histopathologist
Date