



REGIONE DEL VENETO  
 AZIENDA OSPEDALE – UNIVERSITA' PADOVA  
 DIREZIONE MEDICA OSPEDALIERA  
 SERVIZIO CARTELLE CLINICHE

**ISTOLOGICAL PREPARATION REQUEST**

THE UNDERSIGNED .....

BORN ON .....IN.....PROV.....

RESIDING IN.....ZIP CODE.....PROV.....

Via .....N.....

Aware of the penal sanctions applicable in the event of untruthful declarations and false documents, as referred to in ARTICLE76 of the same Presidential Decree D.P.R. 445 / 2000

**DECLARES:**

- TO BE THE INTEREST PERSON
- TO BE THE LEGITIMATE HEIR AS.....
- TO HAVE THE PARENTAL RESPONSIBILITY AS.....
- DELEGATES (to be filled in case of delegation)

MR/MRS.....

BORN ON.....IN.....PROV.....

RESIDING IN .....ZIP CODE.....PROV.....

VIA .....N.....

**REQUIRES**

HISTOLOGY SLIDES (Istology number)	ISTOLOGY BLOCKS (Istology number)
.....	.....
.....	.....

**MODALITY:**

- WITHDRAWAL AT THE DOOR
- SHIPPING VIA MAIL AT HE ADDRESS: STREET.....N.....ZIP CODE.....

TOWN.....STATE.....

DATE ...../...../..... THE DECLARANT .....

**The request can only be processed in the presence of a histological number**  
**At the door:** The holder or the delegate must show the identity documents. In case of delegation, the empowered person must have the delegation signed by the holder and copy of the holder's current identity document . The advance payment must be paid at the cash desk.  
**Via e-mail:** [richiesta.cartelle@aopd.veneto.it](mailto:richiesta.cartelle@aopd.veneto.it): The request must be send with a copy of the holder's current identity document , the copy of the payment of 15 euro on postal account N. 13030358 payable to: A.O.U.P. prestazioni Ospedaliere-servizio tesoreria; causal: *anticipo per cartella clinica*.  
**Via bank transfer** IBAN : IT 37 J010 3012 1500 0006 1179 532  
**For informations call** 049/8213055 from 08:00 0 to 09:00 and from 13:30 to 14:30, from Monday to Friday.