

**ACADEMIC MEDICINE PATHWAY  
LABORATORY VISIT TRACKING**

Student Name \_\_\_\_\_

MDL# \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone/Pager# \_\_\_\_\_

#	Faculty Name	Signature	Department/ Institute	Location	Date
1					
2					
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Student Signature \_\_\_\_\_ Date \_\_\_\_\_