

# Consultation Request Form



To process any consultation request, we must receive the original slides\*, a completed Consultation Request Form, billing documents (if applicable), and either a preliminary pathology interpretation or an initial pathology report. Failure to provide these items may result in delays.

\* Recuts may not show the same findings as original slides.

\*\* Submission of all available tissue blocks will help optimize turnaround time.

**Important:** Per College of American Pathologists (CAP) requirements, each slide must be labeled with two unique patient identifiers (e.g., full name and date of birth, MRN, or accession number).

**REQUEST:** Second Opinion

MATERIALS SUBMITTED FOR CONSULTATION			
# of Paraffin Blocks		# of Stained Slides	
		# of Unstained Slides	

PATIENT INFORMATION			
Patient Name:		Date of Birth:	Gender:
Medical Record Number:		Accession Number (if any):	
Collection Date:		Specimen Site:	
Clinical Information:			
Preliminary Pathology Interpretation OR Attach initial pathology report			
<b>Note:</b> Attach any relevant prior pathology reports (if available)			

BILLING INFORMATION	
Bill Requesting Clinician	Bill Patient
<b>Note:</b> Attach appropriate billing documents	

REQUESTING CLINICIAN INFORMATION			
Name:		Account #:	
NPI:			
Address Line 1:			
Address Line 2:			
City, State, ZIP:			
Signature		Phone:	
Report Delivery to:		Fax:	

RETURN PATHOLOGY MAILER TO			
Name:			
Address Line 1:			
Address Line 2:			
City, State, ZIP:			
Phone:		Fax:	