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					
Note: Attach any relevant prior pathology reports (if available)					

BILLING INFORMATION			
☐	**Bill Requesting Clinician**	☐	**Bill Patient**
Note: 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:	

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