



Pathology Consultation Request

Please complete this form accurately in order to proceed with the timely review of the consult case(s).

Cases must include a **Pathology Report** and **Medicare Billing Information** (if applicable).

If there are questions please **call (480) 301-8021** or **fax (480) 301-9158**.

| | |
|---|--|
| Patient Name (last, first, middle) | Social Security Number (for identification purposes only) ____ - ____ - ____ |
| Date of Birth (mm/dd/yyyy) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |

| | Case #1 | Case #2 | Case #3 |
|------------------------------------|---------|---------|---------|
| Accession Number | | | |
| Specimen Source | | | |
| Procedure Date | | | |
| Number of Slides/Blocks/CDs | | | |

If more than 3 cases are submitted per patient, another form must be filled out. Multiple cases may be sent together if packaged separately within one larger mailing package.

| | | | |
|--|--|--------------|--------------------------|
| Referring Physician (last, first) | NPI# | UPIN# | Institution Name |
| Mailing Address | | | |
| Billing Contact & Phone No. | Physician Phone No. | | Physician Fax No. |
| Ship to: Mayo Clinic Arizona Department of Pathology 13400 East Shea Boulevard Scottsdale, Arizona 85259 (480) 301-8021 | Available MCA Consultation Services (check one - REQUIRED) <input type="checkbox"/> Breast Pathology <input type="checkbox"/> Gynecologic Pathology <input type="checkbox"/> Cytopathology <input type="checkbox"/> Hematopathology <input type="checkbox"/> Dermatopathology <input type="checkbox"/> Liver Pathology <input type="checkbox"/> Gastrointestinal Pathology <input type="checkbox"/> Pulmonary Pathology <input type="checkbox"/> Genitourinary Pathology <input type="checkbox"/> Other _____ | | |

Please fax additional report to (additional physicians):

| | |
|--------------|-------------|
| Name: | Fax: |
|--------------|-------------|

We cannot guarantee that "STAT" consultation cases will be read immediately. We will do our best to respond in a timely manner. For any urgent cases, please provide all contact information necessary to reach the responsible physician, including after hours phone numbers.

This form is located on the Internet at <http://www.mayoclinic.org/labmed-pathology-sct/>.

