



# PATHOLOGY CONSULTATION REQUEST FORM

**Services are offered in the following pathology subspecialties (please select one):**

<input type="checkbox"/> Bone & Soft Tissue	<input type="checkbox"/> General Cytopathology	<input type="checkbox"/> GYN	<input type="checkbox"/> Liver	<input type="checkbox"/> Medical Renal
<input type="checkbox"/> Breast	<input type="checkbox"/> GI	<input type="checkbox"/> Head & Neck/Oral	<input type="checkbox"/> Neuropathology	<input type="checkbox"/> Thyroid*
<input type="checkbox"/> Cardiothoracic	<input type="checkbox"/> GU	<input type="checkbox"/> Hematopathology	<input type="checkbox"/> Pancreatobiliary*	<input type="checkbox"/> Transplant <small>*Including cytology</small>

Your case will be directed to the subspecialty selected above. If you would rather direct your case to a specific pathologist within the subspecialty, please write the name here:

## PATIENT INFORMATION

Patient's Name  DOB  Gender

Reason for Consultation/ Clinical Information (can be provided separately)

## SUBMITTING PROVIDER INFORMATION

Contributor	<input type="text"/>	NPI	<input type="text"/>
Institution	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
	<input type="text"/>	Fax	<input type="text"/>

## MATERIALS SUBMITTED

Pathology  # of slides  # of blocks  Collection Date

Accession #

## PARTY RESPONSIBLE FOR PAYMENT (please select one):

<input type="checkbox"/> Bill Facility (Same as above)	<input type="checkbox"/> Bill Patient's Insurance <small>(include front/back copy of insurance card)</small>
<input type="checkbox"/> Bill Patient/ Self Pay <small>Note: We regret we cannot bill Medicaid outside of GA</small>	Patient's Address <input type="text"/>
	<input type="text"/>
	Phone <input type="text"/>
	Email <input type="text"/>

**Note:** Cases submitted without patient insurance will be billed to the referring physician/pathologist or alternatively can be charged to a credit card account.

For molecular and/or FISH testing, the contributor must approve the test. If such testing is anticipated, please include pre-authorized insurance information and have contributor sign here: