



PATHOLOGY CONSULTATION REQUEST

Ship All Materials to Address Above

For questions please call (818) 927-9747 or fax (818) 465-2770

All submitted cases must include: **1) a Pathology Report (the report must have the same identifying number as the glass slide(s) and/or paraffin block(s) to verify demographics and materials submitted);** **2) Pertinent clinical, cytology, laboratory, imaging and/or operative findings;** **3) Institution's billing information (email or fax information for electronic invoicing). We DO NOT bill insurance or agencies.**

Institution Information		Return of pathology materials will be by Priority US Postal Service unless a FedEx or UPS mailing package. shipping label is included with the submission.		Multiple cases may be sent together if packaged separately within one larger	
Institution Name		Referral Authorization Number		RUSH Requested	
Institution Mailing Address		City		State	
				Zip Code	
Consultation Requested by:		Pathologist		Clinician	
		Patient		Other (Specify):	
Submitting Physician Name		Physician Phone Number*		Physician Email Address*	
Fax Number for Report (required)					

Patient Legal Information (required)			LAST	FIRST	MIDDLE
Patient Birth Date (MM-DD-YYYY):	Genetic Sex	Medical Record Number			
- -	Female	Male			

Pathology Case Information		Pathology case number(s) (required)			
Number of Slide(s) Submitted	Number of Block(s) Submitted	Imaging Included		Reports Included	
		Yes	No	Yes	No
Reason for Consultation					
Pertinent Clinical Information					

Billing Information (required)		Name of Billing Contact (with NUID and/or GL Information, if applicable)			
Specific Address of Billing Contact		(Select if same as above)		Assigned Vendor Number (if applicable)	
Phone of Billing Contact		Email of Billing Contact		Fax of Billing Contact	