

Pathology Consultation Requisition

Please complete and fax back to 866.688.3280 or email to ClientServices@InformDx.com



Inform Diagnostics MUST receive the original slides and initial pathology report to process any consultation request.

Per CAP requirements, each slide must be labeled with two unique patient identifiers, such as First and Last Name, DOB, SSN, Requisition Number, or Medical Record Number.

SPECIMEN TYPE

GI Breast Dermatology Urology Heme Other (please specify) _____

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 available) _____

Specimen Site/Location _____ Collection Date _____

Clinical or Endoscopic Impressions _____

Preliminary Histopathology Interpretation _____

BILLING INFORMATION

Bill Patient Bill Requesting Clinician *This field is mandatory—attach appropriate billing information*

REQUESTING CLINICIAN INFORMATION

Requesting Clinician _____ NPI _____ Inform Dx Acct. No. _____

Address Line 1 _____

Address Line 2 _____ Phone _____

City, State, ZIP _____

Request Second Opinion Original Read Additional Slides/Materials, Case No. _____

Clinician Signature or Designee _____

Report Delivery to _____ Fax number _____

RETURN PATHOLOGY MATERIAL TO

Name _____

Address Line 1 _____

Address Line 2 _____ Phone _____

City, State, ZIP _____