INFORM DIAGNOSTICS
A FULGENT GENETICS COMPANY

Pathology Consultation Requisition

Inform Diagnostics MUST receive the original slides, a completed requisition and an initial pathology report OR preliminary histopathology interpretation to process any consultation request. Failure to provide the above may result in discrepancies and delays.

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

REQUEST: ☐ Second Opinion

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 ____________

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*** (Required if previous Pathology report is not provided)

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 ____________

Clinician Signature or Designee ____________

Report Delivery to____________ Fax Number ____________

RETURN PATHOLOGY MATERIAL TO

Name ____________

Address Line 1 ____________

Address Line 2____________ Phone ____________

City, State, ZIP ____________

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1111 S. Freeport Pkwy. / Coppell, TX 75019 / 866.588.3280 / Fax 866.688.3280 / CLIA 45D0975010
4207 E. Cotton Center Blvd. / Phoenix, AZ 85040 / CLIA 03D1064744
15 Crawford St., Suite 100 / Needham, MA 02494 / CLIA 22D0957540