

Pathology Consultation Request

PATHC / Pathology Consultation

Client Information (required)			Pathology Case Information (required)			
Client Name			A preliminary/final pathology report is required for each case submitted. Client Pathology Case Number			
						Client Account No.
Client Phone Client Order No.		☐ Bone and soft tissue	e 🗆 Infection	☐ Infectious Diseases		
Client Phone	Client Ord	der No.	☐ Breast		☐ Neuropathology	
Street Address			☐ Cardiovascular	· · · · · · · · · · · · · · · · · · ·	☐ Opthalmic	
Street Address			☐ Cytology (FNA)		☐ Placenta	
City	State	ZIP Code	☐ Dermatopathology		☐ Pulmonary (Thoracic)	
City	State	Zii Code	☐ Endocrine		☐ Medical Renal	
			Gastrointestinal/Liv	O	☐ Urologic☐ Unknown/Multiple	
Patient Information (required)						
Patient ID (Medical Record No.)			☐ Hematopathology		case to a specific st, enter name:	
				patriologic	ot, circoi riarrio.	
Patient Name (Last, First Middle)			Include corresponding imaging (bone tumors, neurology tumors, medical lung) and laboratory data (medical liver and medical kidney) with submission.			
Sex	Birth Date	e (mm-dd-yyyy)	Tissue Specimens Provided (required)			
☐ Male ☐ Female						
Collection Date (mm-dd-yyyy)	Time	□ am □ pm	Procedure (eg, biopsy, resection):	Tissue source:	List block numbers:	
Submitting Healthcare Prof	fessional Ir	nformation (required)			
Submitting/Referring Healthcare Professional Name (Last, First)]		Number of slides sent:	
Fill in only if Call Back is required.			Reason for Consultation (required)			
Phone (with area code)	Fax* (with area code)		eg, tumor classification, margin status			
National Provider Identification (N	PI)		-			
*Fax number given must be from a fax mach HIPAA regulation.	ine that complie:	s with applicable				
MCL Internal Use Only			Clinical Notes (reco	ommended)		
			eg, patient history, lab values			
- 						

Ship specimens to:

Mayo Clinic Laboratories 3050 Superior Drive NW Rochester, MN 55905

Customer Service: 800-533-1710

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing-related questions: 800-447-6424 (US and Canada) 507-266-5490 (outside the US)