



PEDIATRIC PATHOLOGY CONSULTATION REQUEST FORM

Name: _____
MRN: _____
DOB: _____
or Apply Patient Label

☐ Hematopathology ☐ Neuropathology ☐ Dermatopathology ☐ Pediatric Pathology

PATIENT INFORMATION (Please Print or Place ID Label)				
Last Name		First Name		MI
Date of Birth (DOB)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	SSN	Patient ID #/MRN	
Street Address		City	State	Zip
ORDERING PHYSICIAN INFORMATION (Please Print)				
Physician Name (REQUIRED)		Phone (REQUIRED)		Fax (REQUIRED)
Practice/Facility Name				NPI#
Street Address		City	State	Zip
Physician Email (REQUIRED if sending from outside USA)				
Physician Signature				
X				
BILLING INFORMATION				
<input type="checkbox"/> Patient Insurance (please attach patient demographics facesheet)		<input type="checkbox"/> Facility Name: _____ Address: _____ Phone: _____		
ADDITIONAL REPORT TO (Please Print)				
Name <input type="checkbox"/> Physician <input type="checkbox"/> Lab <input type="checkbox"/> Other		Phone		Fax
Diagnosis / ICD-10				
Diagnosis / ICD-10				
Other Clinical Information / Special Instructions				
MATERIAL SUBMITTED (for internal use only)				
Slides Case #: _____ Case #: _____ Case #: _____		# of slides: _____ # of slides: _____ # of slides: _____		Fresh <input type="checkbox"/> Formalin fixed tissue <input type="checkbox"/> Fresh frozen tissue <input type="checkbox"/> : _____ Gross photographs <input type="checkbox"/> # of photographs _____ Electron micrographs <input type="checkbox"/> # of EM's _____
Blocks Case #: _____ Case #: _____		# of blocks: _____ # of blocks: _____		EM blocks <input type="checkbox"/> EM# _____ Other _____
CD Images # of images _____				
Other				



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Please enclose a copy of the Pathology Report (even if report is preliminary).

For billing questions, please contact the Anatomic Pathology Department, (602) 933-1283.

Please return form to Anatomic Pathology Department - (P) 602-933-1283 (F) 602-933-1284

For dermatopathology consults only:

****** The information below is essential for accurate tissue interpretation and clinico-pathologic correlation. Providing as many details as possible will enable the pathologist to better address your clinical questions or concerns.***

Clinical History:
Clinical Differential:
Margin Status Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of the lesions:

Photographs: please submit JPEG/TIFF images if available to anatomicpathology@phoenixcildrens.com. If electronic images not available, please attach a printed copy with this requisition.