

Checklist for Pathology Consultation

Below is a checklist to help you submit the appropriate materials and documents for pathology consultation:

	United States	International
1.	Pathology Consultation Demographic and Billing Form	Pathology Consultation Demographic and Billing Form with credit card information.
2.	Surgical Pathology Report <i>Note.</i> This report must have the same identifying number as the glass slides and/or paraffin blocks. This is the only way the pathologist can verify that the tissue is yours!	Surgical Pathology Report <i>Note.</i> This report must have the same identifying number as the glass slides and/or paraffin blocks. This is the only way the pathologist can verify that the tissue is yours!
3.	Glass Slides and/or paraffin blocks or other materials	Glass Slides and/or paraffin blocks or other materials
4.	Return of pathology materials will be by UPS unless a FedEx or other account number is provided	Return of pathology materials will be by UPS unless a FedEx or other account number is provided.
5.		Letter to U. S. Customs

Send package to:

<p>MDACC Outside Consultation Service Department of Pathology, Unit 85 1515 Holcombe Blvd. Houston, TX 77030</p> <p>Phone: 713-792-3205 Fax: 713-794-4630</p>
--

PATHOLOGY CONSULTATION REQUEST

Patient Demographics

Please use one form per case and accompany with (1) a copy of the surgical pathology report, even if incomplete and (2) completed financial information form with billing instructions.

<p style="text-align: center;">MDACC Outside Consultation Service Department of Pathology, Unit 85 1515 Holcombe Blvd. Houston, TX 77030</p> <p>Phone: 713-792-3112 Fax: 713-792-9810</p>	<p>FROM: _____ Date: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p>
---	---

PATIENT LEGAL NAME: _____
(Last) (First) (MI)

Patient Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Patient D.O.B : _____ Sex: _____ Race: _____ SS#: _____

Patient phone: _____

Consult requested by: Pathologist Clinician Patient Other: _____

Requestor's name: _____ Requestor's phone: _____

Requestor's email: _____

Patient clinical history/diagnosis: _____

MATERIAL SUBMITTED:

- | | | | | |
|---------------------------------|-------------------|--------------------|---|--|
| <input type="checkbox"/> Slides | Path # _____ | # of slides: _____ | <input type="checkbox"/> Wet fixed tissue | <input type="checkbox"/> Fresh frozen tissue |
| | Path # _____ | # of slides: _____ | <input type="checkbox"/> Gross photographs | # of photographs _____ |
| | Path # _____ | # of slides: _____ | <input type="checkbox"/> Electron micrographs | # of EM's _____ |
| <input type="checkbox"/> Blocks | Path # _____ | # of blocks: _____ | <input type="checkbox"/> EM blocks EM# _____ | # of EM blocks _____ |
| | Path # _____ | # of blocks: _____ | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> X-rays | # of x-rays _____ | | | |
| <input type="checkbox"/> Other | _____ | | | |

Which material can be retained by us? _____

Which material needs to be returned to you? _____

Disclosure of your social security number (SSN) is requested from you in order for The University of Texas M. D. Anderson Cancer Center to process your consultation. No statute or other authority requires that you disclose your SSN for this purpose and we may not deny services if you choose not to disclose it. Failure to provide your SSN, however, may result in the creation of a duplicate patient number being issued, which may lead to multiple medical records. Further disclosure of your SSN is governed by the Texas Public Information Act and other applicable law.

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER

Date:

Patient:

To: Officer in Charge, Customs Service, United States of America

Dear Sir/Madam:

The package that is in your custody on this patient contains biopsies of human tissues that are fixed in paraffin and some may be stained. These specimens are sent in the form of slides or in blocks, and are neither infectious nor contagious. This pathology material plays an important role with cancer treatment and its use for the confirmation of diagnosis is essential.

We would appreciate if you could expedite these materials. Should you have any further questions do not hesitate to contact us.

Sincerely,

MDACC Outside Consultation Service
Department of Pathology, Unit 85
1515 Holcombe Blvd.
Houston, TX 77030

Phone: 713-792-3205 Fax: 713-794-4630