

## Checklist for Pathology Consultation

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

	<b>United States</b>	<b>International</b>
<b>1.</b>	<b>Pathology Consultation Demographic and Billing Form.</b>	<b>Pathology Consultation Demographic and Billing Form with credit card information.</b>
<b>2.</b>	<b>Surgical Pathology Report</b> <i>Note: 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!</i>	<b>Surgical Pathology Report</b> <i>Note: 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!</i>
<b>3.</b>	<b>Glass Slides and/or paraffin blocks or other materials</b>	<b>Glass Slides and/or paraffin blocks or other materials</b>
<b>4.</b>	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.
<b>5.</b>		<b>Letter to U. S. Customs</b>

Send package to:

<p><b>MDACC Outside Consultation Service</b>  <b>Department of Pathology, Unit 85</b>  <b>1515 Holcombe Blvd.</b>  <b>Houston, TX 77030</b></p> <p>Phone: 713-792-3205   Fax: 713-794-4630</p>
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**PATHOLOGY CONSULTATION**  
**Patient Demographic and Billing Information**

**Patient Demographic Information**

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Country:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>
<b>SSN:</b>	<b>Date of Birth:</b> <small>mm/dd/yyyy</small>	<b>Sex:    M            F</b>
<b>Marital Status: (select one)    Single            Married            Divorced            Widowed</b>		

**Billing information (Select one)**

1. Bill patient's home address as above *(patient may be contacted)*

2. Bill patient's primary insurance *(patient and/or insurance provider may be contacted):*

<b>Company:</b>		<b>Phone:</b>
<b>Address:</b>		<b>Name of Insured:</b>
<b>Address of insured:</b>		
<b>Policy Number:</b>	<b>Group Number:</b>	<b>Effective Date:</b>
<b>Referring Physician UPIN:</b>	<b>Fax:</b>	<b>E-Mail:</b>

3. Bill contributor

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>Country:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>E-Mail:</b>

4. Bill credit card *Required for International Patients. American Express, Visa, Master Card, Discover accepted*

<b>Type:</b>	<b>Expiration date:</b>
<b>Number :</b>	
<b>Card Holder's Name:</b>	<b>Card Holder's Signature:</b>

*I authorize MDACC to charge the above credit card up to \$2000 for this consultation. An invoice will be mailed if the amount exceeds \$2000.*

Signature: \_\_\_\_\_

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,*

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Department of Pathology, Unit 85  
1515 Holcombe Blvd.  
Houston, TX 77030**

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