

CHECKLIST FOR PATHOLOGY CONSULTATION

Below is a checklist to help you submit the appropriate material and document for pathology consultation:

	UNITED STATES	INTERNATIONAL
1.	Pathology Consultation Demographic and Billing Form	Pathology Consultation Demographic and Billing Form
2.	Surgical Pathology Report 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	Surgical Pathology Report 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
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 US Postal Service unless a FedEx or UPS account number is provided	Return of pathology materials will be by US Postal Service unless a FedEx or UPS account number is provided
5.	n/a	Letter to US Customs

SEND PACKAGE (S) TO:

MD Anderson Cancer Center
 OUTSIDE CONSULATATION SERVICE
 Department of Pathology, Unit 0085
 1515 Holcombe Blvd., Room G1.3669
 Houston, TX 77030

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

**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 align="center">MDACC OUTSIDE CONSULTATION SERVICES Department of Pathology, Unit 0085 1515 Holcombe Blvd. Houston, Texas 77030</p> <p align="center">Phone: 713-792-3112 / Fax: 713-792-9810</p>	FROM: _____ DATE: _____ Name: _____ ADDRESS: _____ PHONE: _____ FAX: _____
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PATIENT LEGAL NAME

LAST:	FIRST:	MI:
PATIENT ADDRESS:		
CITY:	STATE:	ZIP:
COUNTRY:		
PATIENT DOB:	SEX:	RACE:
SS#:		PATIENT PHONE:
CONSULT REQUESTED BY: <input type="checkbox"/> Pathologist <input type="checkbox"/> Clinician <input type="checkbox"/> Patient <input type="checkbox"/> Other		
REQUESTOR NAME:		
REQUESTOR PHONE:		REQUESTOR EMAIL:
PATIENT CLINICAL HISTORY / DIAGNOSIS:		

MATERIAL SUBMITTED

	Path#	# of slides	<input type="checkbox"/> Wet Fixed Tissue	<input type="checkbox"/> Fresh Frozen Tissue
<input type="checkbox"/> SLIDES				
<input type="checkbox"/> BLOCKS				
# OF X-RAYS				
<input type="checkbox"/> 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 MD Anderson Cancer Center to process your consultation. No statute or other authority requires that you disclose you 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 you SSN is governed by the Texas Public Information Act and other applicable law.

THE UNIVERSITY OF TEXAS

MD Anderson
Cancer Center

Making Cancer History[®]

DATE:

PATIENT:

TO: OFFICER IN CHARGE, CUSTOMS SERVICE, UNITED STATES OF AMERICA

To Whom It May Concern:

The package that is in your custody, relating to the above patient, contains biopsies of human tissues that are fixed in paraffin (some may be stained). These specimens are sent in the form of slides or 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 these materials being expedited. Should you have any further questions, please do not hesitate to contact our office.

Sincerely,

MD Anderson Cancer Center
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Houston, TX 77030

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