

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.

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

Phone: 713-792-3112 Fax: 713-792-9810

FROM: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

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:

- Slides** Path # _____ # of slides: _____ Wet fixed tissue Fresh frozen tissue
Path # _____ # of slides: _____ Gross photographs # of photographs _____
Path # _____ # of slides: _____ Electron micrographs # of EM's _____
- Blocks** Path # _____ # of blocks: _____ EM blocks EM# _____ # of EM blocks _____
Path # _____ # of blocks: _____ Other _____
- X-rays** # of x-rays _____
- 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.