



9705 Lenexa Dr, Lenexa, KS 66215
 PH: (816) 241-3338; Fax: (913) 495-9759

Consultation Request Form

Type of Consult – <input type="checkbox"/> Breast Pathology <input type="checkbox"/> GI-Hepatic Pathology <input type="checkbox"/> GYN Pathology <input type="checkbox"/> Head/Neck Pathology <input type="checkbox"/> Nephropathology <input type="checkbox"/> Neuropathology <input type="checkbox"/> Pulmonary Pathology <input type="checkbox"/> Soft Tissue Pathology <input type="checkbox"/> Transplant Pathology <input type="checkbox"/> Other _____	Facility: _____ Dr. Name: _____ Address: _____ _____ _____	Date: _____ Phone: _____ Email: _____ Fax: _____ NPI: _____
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The information in this section is mandatory for patient tracking. Missing information could delay review of the case.

Pt. First Name: _____ Last Name: _____
 Age: _____ DOB: _____ Sex: M / F

Materials Submitted:
 Slides: Path #: _____ No.: _____ Blocks: Path #: _____ No.: _____
 Slides: Path #: _____ No.: _____ Blocks: Path #: _____ No.: _____
 Site of Lesion: _____ Collection Date: _____

Party responsible for payment (Please select one):

<input type="checkbox"/> Facility (Same as above)	Contact Person: _____ Email: _____ Phone: _____
<input type="checkbox"/> Referring Pathologist	Contact Person: _____ Email: _____ Phone: _____
<input type="checkbox"/> Patient	Contact Person: _____ Email: _____ Phone: _____

Cases submitted without patient insurance information will be billed to the referring physician/pathologist.

Patient Insurance Information Policy #: _____ Insurance Company: _____ Address: _____ _____	Insurance Phone: _____ Group #: _____
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Use one form per case. Enclose a cover letter outlining the clinical history and a copy of the surgical pathology report, even if incomplete (gross description of specimen), to document patient identify as well as slide labeling.