



Pathology Consultation Request

Form content retained in medical record.
Route to HIMS Scanning.

(complete fields or place patient label here)

Patient Name (First, Middle, Last)	
Birth Date (mm-dd-yyyy)	Room Number (if applicable)
Mayo Clinic Number	

**TO BE
SCANNED**

Instructions: Complete all fields and include the pathology report in order to proceed with the timely review of the consult case(s). **This form will NOT be processed if ALL required fields are not completed.** Ship completed form and consult materials to Mayo Clinic Arizona, Department of Pathology, 13400 East Shea Boulevard, Scottsdale, AZ 85259. If the Consult Practice requests additional information, paperwork can be faxed to 480-301-9158.

Patient Information

Patient Name (First, Middle, Last)	Birth Date (mm-dd-yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, ZIP Code)		Phone

Case Information

	Case 1	Case 2	Case 3
Accession Number			
Specimen Source			
Date of Collection or Procedure			
Number of Slides/Blocks	/	/	/
Number of CDs			

Responsible Billing Party

MCL Client Account Number	NOTE: Consult cannot be processed without an account number. Contact 800-447-6424 if you do not have a client account number.
For Medicare Patients ONLY <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Non-patient	
Select Only One	<input type="checkbox"/> Same as Referring Physician
	<input type="checkbox"/> Medicare (non-HMO) (attach copy of patient demographics sheet) ICD-10 Code(s):
	<input type="checkbox"/> Dermatopathology Consult Case Billing Process ICD-10 Code(s):
	<input type="checkbox"/> Hematopathology Consult Case with potential for Lymph3Cx (PM3CX) – Client Bill Only

Referring Physician and Institution Information

Last Name		First Name	Institution Name	
Physician Preferred Phone		Office/Lab Phone	Fax	
Physician NPI	Contact Name* (First, Middle, Last)		Contact Phone	
Mailing Address (Street, City, State, ZIP Code)				

*Contact is typically someone who can provide information instead of contacting the physician, such as a Medical Practice Secretary (MPS) or administrative assistant.

Institution Name and Address for Return of Materials (Required if Different Than Above)

Institution Name	Mailing Address (Street, City, State, ZIP Code)
------------------	-------------------------------------------------

Additional Physician(s) Needing Faxed Report (Only if Applicable)

Physician Name (First, Middle, Last)	Physician Fax
Physician Name (First, Middle, Last)	Physician Fax

Billing for Consultation Services: For questions regarding billing, call the Laboratory Billing Department at 800-447-6424. Mayo Clinic does not perform third-party billing. Non-billing related questions can be directed to 480-301-6185. For Final Reports, call 480-301-8021. We cannot guarantee that "STAT" consultation cases will be read immediately. We will do our best to respond in a timely manner. For any urgent cases, provide all contact information necessary to reach the responsible physician, including after-hours phone numbers.

