MAYO CLINIC LABORATORIES

Pathology Consultation Request

PATHC/ Pathology Consultation

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Patient Information (required)

Patient ID (Medical Record No.)	
Patient Name *(Last, First, Middle)*	
Sex ☐ Male ☐ Female	Birth Date *(mm-dd-yyyy)*
Collection Date *(mm-dd-yyyy)*	Time ☐ am ☐ pm

Submitting Provider Information (required)

Submitting/Referring Provider Name *(Last, First)*

Fill in only if Call Back is required.

Phone (with area code)	Fax (with area code)
National Provider Identification (NPI)	

Fax number given must be from a fax machine that complies with applicable HIPAA regulation.

MCL Internal Use Only

Pathology Case Information

A preliminary/final pathology report is required for each case submitted.

Client Pathology Case Number

You may direct your case to a specific subspecialty or individual pathologist.

- ☐ Bone and Soft Tissue**
- ☐ Breast
- ☐ Cardiovascular
- ☐ Cytology (FNA)
- ☐ Dermatopathology
- ☐ Endocrine
- ☐ Gastrointestinal/Liver
- ☐ Gynecologic
- ☐ Head and Neck**
- ☐ Hematopathology
- ☐ Infectious Diseases
- ☐ Neuropathology**
- ☐ Ophthalmic
- ☐ Placenta
- ☐ Pulmonary (Thoracic)**
- ☐ Medical Renal
- ☐ Urologic
- ☐ Unknown/Multiple

To direct case to a specific pathologist, write name: ____________

***Submit imaging and/or clinical photos if appropriate.*

Tissue Specimens Provided (required)

Procedure (eg, biopsy, resection):	Tissue source (eg, liver):	List block numbers:
		Number of slides sent:

Reason for Consultation (required)

eg, tumor classification, margin status

Clinical Notes (recommended)

eg, patient history, lab values

Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing-related questions:
800-447-6424 (US and Canada)
507-266-5490 (outside the US)

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