MAYO CLINIC
Mayo Medical Laboratories

Mayo Clinic Rochester
Pathology/Cytology Information

Instructions: Indicate the information requested below in the appropriate area. This material is essential to the specialist who will render an opinion based on an interpretation of all salient data.

Patient Information

Patient Name *(Last Name, First Name, Middle Initial)*	Birth Date *(Month DD, YYYY)*	Sex ☐ Male ☐ Female
Referring Physician Name	Phone	Fax
MML Account Number	Phone	Fax

Specimen Information

Specimen Type Sent Select at least one type.

☐ Fixed Formalin ☐ Glutaraldehyde ☐ X-rays ☐ Slides Number Sent_____

☐ Frozen Tissue ☐ Wet Tissue ☐ Zeus Media ☐ Paraffin Block Number Sent_____

Is specimen infectious? ☐ Yes ☐ No

Other

Specimen Source (eg, breast, lung, soft tissue, etc.)	Case Number	
Pathologist Name	Direct Phone	Fax

Other Pertinent Clinical Information

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