Complete, print and submit

Reset Form

MAYO CLINIC LABORATORIES

Pathology Consultation Request Form

PATHC/ Pathology Consultation

Client Information

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Address		
City	State	Zip Code

Patient Information

Patient ID *(Medical Record No.)*	
Patient Name *(Last, First, Middle)*	
Gender ☐ Male ☐ Female	Birth Date *(Month DD, YYYY)*
Collection Date *(Month DD, YYYY)*	Time ☐ a.m. ☐ p.m.

Submitting Provider/Pathologist

Submitting/Referring Provider *(Last, First)*
Fill in only if Call Back is required. Phone ( ) _____ – _____ Fax* ( ) _____ – _____
Provider's National I.D. (NPI)

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

Note: It is the client's responsibility to maintain documentation of the order.

New York State Patients: Informed Consent for Genetic Testing

"I hereby confirm that informed consent has been signed by an individual legally authorized to do so and is on file with this office or the individual's provider's office."

Signature _____

Note: Test requests without a signature will not be performed.

Pathology Case Information

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

Pathology Case #

You may direct your case to a specific subspecialty section 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)**
- ☐ Renal
- ☐ Urologic
- ☐ Unknown/Multiple

To direct case to a specific pathologist, please write name below:

_____

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

Reason for Consultation (recommended)

e.g. tumor classification, margin status, etc.

Clinical Notes (recommended)

e.g. patient history, lab values, etc.

MCL Internal Use Only

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)

Print