

UROLOGIC CONSULTATION REQUEST FORM

SHIP TO:	Mahul B. Amin, Professor and Chair Department of Pathology and Laboratory Medicine Methodist University Hospital 1265 Union Ave. 6 Sherard Memphis, TN 38104				
	INSTRUCTIONS: SHIP SLIDES IN PADDED ENVELOPE OR SHIP BLOCKS (IF OTHER THAN PARAFFIN BLOCK, CALL FOR INSTRUCTIONS)				
	REFERRING FACILITY:			DATE:	
	REFERRING MD NAME:			PHONE:	
ADDRESS:			FAX:		
CITY/STATE/ZIP:			EMAIL:		
THE INFORMATION IN THIS SECTION IS MANDATORY FOR PATIENT TRACKING. MISSING INFORMATION COULD DELAY REVIEW OF THE CASE.					
PATIENT FIRST NAME:			LAST NAME:		
AGE:	DOB:	RACE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	S.S. #:	
MATERIALS SUBMITTED:	SLIDES: PATH #:		NO.:	BLOCKS: PATH #:	NO.:
	SLIDES: PATH #:		NO.:	BLOCKS: PATH #:	NO.:
SITE OF LESION:			COLLECTION DATE:		
PLACE OF SERVICE OF ORIGINAL SPECIMEN COLLECTION				ORIGINAL SPECIMEN COLLECTION FACILITY NAME	
<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT - HOSPITAL REGISTERED <input type="checkbox"/> OUTPATIENT - NON-HOSP REGISTERED <input type="checkbox"/> OUTREACH <input type="checkbox"/> SURGERY CENTER <input type="checkbox"/> OTHER _____					
PAYMENT INFORMATION	<input type="checkbox"/> Check - please bill _____ <input type="checkbox"/> Enclosed - payable to "University of Tennessee Health Science Center" <input type="checkbox"/> Credit card: Type (Visa/MC/AmEx/Other: _____ - please circle one): _____ (Credit Card #) _____ (Exp) _____ (Security Code) Card Holder Name (Please Print): _____ Signature: _____				
	<input type="checkbox"/> Please bill referring institution/pathology group/patient: Name: _____ Address: _____ Phone: _____				
	<input type="checkbox"/> Please bill 3 rd party insurance: Patient (or patient's guardian) name: _____ Address: _____ _____ Phone: _____ Insurance carrier (provide copy of front/back of insurance card): _____ Policy #: _____ Group #: _____				
	Insurance company address: _____ Insurance company phone #: _____ Referring Pathologist UPIN #: _____				

RETURN OF MATERIALS: Please include a FedEx return label OR provide your FedEx account #: _____

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 identity as well as slide labeling.