

CONSULTATION REQUISITION

http://pathlabs.ufl.edu

Patient Information

Name (last, first, middle initial): _____ Sex: Male Female

Date of birth (MM/DD/YYYY): _____

Medical record/Patient ID #: _____

Place of service:

- Hospital inpatient Ambulatory surgical center
 Hospital outpatient Office/Non-hospital

Billing Information*

Along with this requisition, you **MUST** include copies of:

- The patient's demographics sheet;
- Both sides of the patient's insurance card(s); and
- Any secondary insurance information (if applicable).

Provider Information

Ordering physician: _____

Fax: _____ NPI #: _____

Duplicate report sent to: _____

Duplicate fax #: _____

Clinical Information

Clinical History/ICD-10:

"Write all relevant clinical history below, or attach it to this requisition."

Consultation requested by?

- Pathologist Clinician Patient

Special Stains/Immunohistochemistry Requests

- Technical work only (no interpretation)
 Technical work with interpretation (global)

List all desired stains/services below or complete an Immunohistochemistry and Special Stain Request Form and submit it with this requisition:

"Visit pathlabs.ufl.edu/about/ihc for our most recent immunohistochemistry and special stain list and form."

Consultation Request

Consultation service requested: *All consultation requests must be submitted with a pathology report.*

For bone/soft tissue and neuropathology consultations, provide results of imaging studies (CD or hard copy) if possible.

Bone/soft tissue Breast Cytology

Derm GI/Liver GU

GYN Head/Neck/Thyroid Hematopathology

Neuro Oral pathology Pediatric

Pulmonary Medical kidney Other: _____

To expedite complex cases (e.g. hematopathology, neuropathology) submit 7 - 10 unstained immunohistochemistry slides or blocks.

Directed consultation (write name of requested pathologist below)

Preferred pathologist: _____

Materials Submitted

Designate the total number of slides, blocks and any other additional materials sent below:

Specimen case number submitted: _____

Slides: _____ Unstained slides: _____

Blocks: _____

Other materials:

Clinical reports Imaging studies Other: _____

Results

If someone must be contacted immediately with the results, provide that person's name and direct phone number below:

Name: _____ Phone #: _____

For UF Health Pathology Laboratories use only
