**University of Rochester, Strong Memorial Hospital**
**Department of Pathology and Laboratory Medicine**
Christa Whitney-Miller, M.D. (Chair), Jennifer Findeis-Hosey, M.D. (Director)

**Please complete information below and send with material to:**
Surgical pathology, 601 Elmwood Ave., Box 626, Rochester, NY 14642
Tel: 585-275-3191 opt. 7, Fax: 585-276-1555
Website: https://www.urmc.rochester.edu/pathology-labs/clinical/anatomic-pathology.aspx

# **URMC** Pathology Consultation Request Form

## Referring Physician:

Physician Name: _____ NPI: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

## Patient Information and History:

Patient Name: _____ Date of Birth: _____ Gender: ☐ M ☐ F ☐ I/X
Home Address: _____
City/State/Zip: _____ Telephone: _____

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## Biopsy Site/Clinical History/Working Diagnosis:

## Reason for consultation/specific questions (*required*):

☐ To verify the diagnosis and or grade for treatment purposes
☐ To resolve any equivocal diagnosis for treatment purposes
☐ To resolve a clinical pathological discrepancy for treatment purposes
☐ Clinicopathologic discrepancy
☐ Other _____

**Physician Signature (*required*):** _____

## Material submitted:

Case number(s): _____ # of Slides _____ USS/Blocks _____

**Please also include any relevant clinical history, ancillary testing results, laboratory data, imaging, and any other clinical or pathologic information that may aid in interpretation.**

## Billing Instruction *(required)*:

☐ Referring Institution/Physician
Name: _____
Responsible Party: _____
Address: _____
_____
Phone: _____

☐ Patient/Insurance
***Primary*:**
Insurance Carrier: _____
Address: _____
_____
Group # _____ Policy # _____

**Note**: For outside consultation services the patient's insurance information must be provided if the patient is to be billed. If payment is denied by the patient's insurance, you, the referring physician/lab will be responsible for payment for services. Please call our billing department for further information regarding accepted insurances at **585-758-7650**. **Failure to complete all portions of this form and include necessary documentation will result in delay of processing.**