Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Pathology Consultation Request

PATHC/ Pathology Consultation

Client Information (required)

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

Patient Information (required)

Patient ID (Medical Record No.)	
Patient Name *(Last, First, Middle)*	
Sex ☐ Male ☐ Female	Birth Date *(mm-dd-yyyy)*
Collection Date *(mm-dd-yyyy)*	Time ☐ am ☐ pm

Submitting Provider Information (required)

Submitting/Referring Provider Name *(Last, First)*	

Fill in only if Call Back is required.

Phone (with area code)	Fax (with area code)
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 Number

You may direct your case to a specific subspecialty 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, write name:

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

Reason for Consultation (recommended)

e.g., tumor classification, margin status

Clinical Notes (recommended)

e.g., patient history, lab values

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