

PATHC / Pathology Consultation

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Patient Information (required)

Patient ID (Medical Record No.)	
Patient Name (Last, First Middle)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm-dd-yyyy)
Collection Date (mm-dd-yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm

Submitting Healthcare Professional Information (required)

Submitting/Referring Healthcare Professional Name (Last, First)

Fill in only if Call Back is required.

Phone (with area code)	Fax* (with area code)
National Provider Identification (NPI)	

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

MCL Internal Use Only

Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Pathology Case Information (required)

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

Client Pathology Case Number	
<input type="checkbox"/> Bone and soft tissue <input type="checkbox"/> Breast <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Cytology (FNA) <input type="checkbox"/> Dermatopathology <input type="checkbox"/> Endocrine <input type="checkbox"/> Gastrointestinal/Liver <input type="checkbox"/> Gynecologic <input type="checkbox"/> Head and Neck <input type="checkbox"/> Hematopathology	<input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Neuropathology <input type="checkbox"/> Ophthalmic <input type="checkbox"/> Placenta <input type="checkbox"/> Pulmonary (Thoracic) <input type="checkbox"/> Medical Renal <input type="checkbox"/> Urologic <input type="checkbox"/> Unknown/Multiple To direct case to a specific pathologist, enter name:

Include corresponding imaging (bone tumors, neurology tumors, medical lung) and laboratory data (medical liver and medical kidney) with submission.

Tissue Specimens Provided (required)

Procedure (eg, biopsy, resection):	Tissue source:	List block numbers:
		Number of slides sent:

Reason for Consultation (required)

eg, tumor classification, margin status

Clinical Notes (recommended)

eg, patient history, lab values

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)