



Note: This form is not required, but the information must be included for **PATHC / Pathology Consultation** orders. Complete the form electronically (preferred), or manually and send with your specimens, or fax to Mayo Lab Inquiry **(+1-507-284-1759)**.

Date: _____
(mm-dd-yyyy)

Dear Mayo Clinic consultant,

I am sending you the relevant blocks/slides for _____, _____
(Patient Last Name First Name) Birth Date (mm-dd-yyyy)

with _____.
(Clinical Presentation, Relevant Medical History) (Histologic Findings and Methods Employed)

1. Consultation Reason

- ☐ Diagnosis (eg, tumor classification) ☐ Margin assessment ☐ Explanation of unusual histologic findings
☐ Histologic grading ☐ Confirmatory review (with preliminary findings provided) ☐ Requested by clinician or patient
☐ Diagnostic question: _____
☐ Other: _____

2. Pathology Subspecialty

- ☐ Bone and Soft Tissue ☐ Dermatopathology ☐ Head & Neck ☐ Ophthalmic ☐ Urologic
☐ Breast ☐ Endocrine ☐ Hematopathology ☐ Placenta ☐ Unknown/Multiple
☐ Cardiovascular ☐ Gastrointestinal/Liver ☐ Infectious Diseases ☐ Pulmonary (Thoracic)
☐ Cytology (FNA) ☐ Gynecologic ☐ Neuropathology ☐ Medical Renal

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

Failure to do so could delay consultation.

Attention: _____

3. Relevant Materials (To expedite TAT, limit slides to those relevant to the diagnostic question.)

Slides: _____
(Description, or ID and Stain)

Blocks: _____
(ID and Stain)

Imaging: _____
(Description of clinical or radiology imaging studies. Include the type of image sent [e.g., x-ray])

Transfer method: ☐ [Mayo Clinic ImageShare](#) ☐ External storage device

Comments:

I understand that your consultation will focus on the specific issues described above and does not correspond to a comprehensive, primary pathology report. I may be contacted to discuss the case further, as needed.

Office Phone _____ Fax _____ Mobile _____

Sincerely,
