Complete, print and submit.

Reset Form

MAYO CLINIC LABORATORIES

Pathology/Cytology Information

Instructions: Indicate the information requested below in the appropriate area. This material is essential to the specialist who will render an opinion based on an interpretation of all salient data.

Patient Information

Patient Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*	Gender ☐ Male ☐ Female
Referring Provider Name *(Last, First)*	Phone	Fax*
Other Contact Name *(Last, First)*	Phone	Fax*

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

Reason for Testing

Specimen Information

Specimen Type Sent (Check at least one type.)

☐ Fixed formalin ☐ Glutaraldehyde ☐ X-rays ☐ Slides, number sent: _____

☐ Frozen tissue ☐ Wet tissue ☐ Zeus media ☐ Paraffin block, number sent: _____

Is specimen infectious? ☐ Yes ☐ No	Other

Specimen Source (eg, breast, lung, soft tissue)	Case Number	
Pathologist Name *(Last, First)*	Direct Phone	Fax*

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

Other Pertinent Clinical Information

Print