

HEMATOPATHOLOGY CONSULTATION FORM

Please complete the information below, print and send with material to the appropriate laboratory:

Immunopathology Laboratory - 525 East 68th Street, Starr 715 New York, NY 10065 Tel: 212-746-2442 Fax: 212-746-8173

Molecular Pathology Laboratory - 525 East 68th Street, Room K502 New York, NY 10065 Tel: 212-746-6485 Fax: 212-746-8302

Date _____

REFERRING INSTITUTION / CLINICIAN

Institution/Clinician Name _____ NPI# _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Additional physicians to get report:

PATIENT INFORMATION AND HISTORY

Patient Name _____ Date of birth _____ Gender ☐ Male ☐ Female

Home Address _____ City/State/Zip _____ Telephone _____

Clinical History _____

Diagnostic Services Requested (**required**)

☐ Diagnosis on submitted slides

☐ Recuts and immunophenotyping

☐ Flow cytometric phenotyping

☐ Antigen receptor gene (JH, Jk, TCR-γ, TCR-β)

☐ Chromosomal Translocations (bcl-1, bcl-2, bcr/abl/CML, bcr/abl/ALL, PML-RARα)

☐ Viruses (EBV, KSHV, HTLV-I)

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

☐ To verify the diagnosis and or grade for treatment purposes

☐ To resolve an equivocal diagnosis for treatment purposes

☐ To resolve a clinical-pathological discrepancy for treatment purposes

Working Diagnosis:

Physician's Signature _____ Date _____

MATERIALS SUBMITTED

Date Submitted _____ # of Slides: _____ # of Blocks: _____ Fresh Tissue: _____ Cells/ml: _____ Frozen Tissue: _____

BILLING INSTRUCTION: You must select one

☐ Referring Institution/Clinician (See Above)

☐ Patient

(**Primary**)

Insurance Carrier _____

Address _____

Group # _____ Policy # _____

(**Secondary**)

Insurance Carrier _____

Address _____

Group # _____ Policy # _____

***Note:** For outside consultation services the patient's insurance information must be supplied if the patient is to be billed. If payment is denied by the patient's insurance, you will be responsible for payment for services. Please visit the Cornell Pathology website to verify the accepted insurance list.

<http://cornellpathology.com/sites/default/files/Insurance-Participation-Listing.pdf>

(REQUEST CANNOT BE PROCESSED WITHOUT ORIGINAL PATHOLOGY REPORT AND COMPLETED REGISTRATION INFORMATION)