Cleveland Clinic Laboratories
2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

PATHOLOGY CONSULT REQUISITION

<<FORM_ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name | First | MI

Address | Birth Date | Sex ☐ M ☐ F

City | SS #

State | Zip | Home Phone

Hospital/Physician Office Patient ID # | Accession #

CLIENT INFORMATION

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)

BILL TO: ☐ Client/Institution (Send invoice to: Name_____ Fax/Email _____)
☐ Medicare ☐ Insurance (Complete insurance information below) ☐ Patient

PATIENT STATUS: ☐ Inpatient ☐ Outpatient ☐ Non-Hospital Patient Hospital discharge date: _____/_____/_____

PRIMARY: ☐ Medicare ☐ Medicaid **(Ohio only)** ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name | First | MI

Beneficiary / Member # | Group #

Claims Address | City | State | Zip

SECONDARY: ☐ No ☐ Yes (if Yes, please attach) **ABN:** ☐ No ☐ Yes

DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____

ORDERING PHYSICIAN CONTACT

Physician Name

Physician NPI#

Physician Phone

Physician Email

☐ Call critical results to: (_____) _____

☐ Fax report to: (_____) _____

SPECIMEN INFORMATION

Please send appropriate block(s) or unstained slides (unbaked and charged)

Collection Date: _____/_____/_____ Time: _____

Body Site: _____ Client Case #: _____

Specimen ID# _____

☐ Blocks _____ ☐ Stained slides: number _____

☐ Unstained/Unbaked Slides: number _____
(to preserve the ability to perform molecular testing, if indicated)

☐ Other: _____

CLINICAL INFORMATION

☐ **Copy of Pathology Report: (REQUIRED)** ☐ **See Attached Letter**

Brief Clinical History: _____

PATHOLOGY CONSULTATION REQUEST

***Representative block(s) and/or 10 unstained, charged and unbaked slides are required for this specialty. For all others, strongly recommended.**

☐ **Pathology Consultation**

☐ Breast
☐ Cardio
☐ Derm
☐ GI
☐ GU/Adrenal
☐ GYN
☐ Head/Neck/Oral/Thyroid **(No thyroidectomies greater than 20 H&E slides)**
☐ Bone Marrow/Heme*
☐ Lymphoma*
☐ Neuro*
☐ Ocular
☐ Ortho/Bone (imaging reports and images [CD] strongly recommended)
☐ Pediatric/Perinatal
☐ Soft Tissue

Please check below for a Preferred Subspecialty Group

Liver (provide required information)*
☐ Random/Medical Liver Biopsy
– Clinical Notes and Laboratory Test Results
☐ Liver Lesion
– Imaging Report(s)
☐ Transplant Liver Biopsy: date of transplant _____/_____/_____
– Clinical Notes and Laboratory Test Results

Medical Kidney (provide required information)
☐ Random Native Medical Kidney Biopsy
– Clinical Notes and Laboratory Test Results
☐ Kidney Transplant Biopsy: date of transplant _____/_____/_____
– Clinical Notes and Laboratory Test Results

Pulmonary (provide required information)
☐ Neoplastic Pathology
– Clinical notes from oncologist or pulmonologist
– Report of CT imaging studies prior to biopsy
☐ Non-neoplastic Lung Disease
– Clinical notes from pulmonologist
Report of chest CT imaging studies prior to the biopsy

Cytology

Reason for Consultation:

_____

☐ Submit block or 10 unstained slides:
_____ block _____ slides
– Clinical history, pathology report, imaging reports
– Surgical pathology report

Are surgical specimens being sent?
☐ Yes ☐ No

Has case been screened by cytologist/pathologist?
☐ Yes ☐ No
NOTE: Unscreened cases will not be accepted

In addition to what has been ordered, the Cleveland Clinic Pathologist is authorized to add other testing as needed to assist in evaluation.

FREQUENTLY REQUESTED TESTS

☐ Amyloid Typing by Mass Spectrometry *ATMS R*
☐ Direct Immunoflourescence
☐ Head and Neck Next Generation Sequencing *HDNK*
☐ NTRK by NGS *NTRK*
☐ POLE Pyrosequencing *POLE*
☐ Solid Tumor Fusion Next Generation Sequencing Panel *SRCNGS*
☐ Targeted Oncology Panel Next Generation Sequencing Bone Marrow *TOPBM*
☐ Targeted Oncology Panel Next Generation Sequencing Cytology *TOPCY*
☐ Targeted Oncology Panel Next Generation Sequencing Other *TOPTO*

For Molecular Pathology and Immunohistochemistry Requisitions, see clevelandcliniclabs.com/laboratory-resources/requisitions-forms/

