600 Highland Avenue
A4/204 Mail Drop 3224
Madison, WI 53792-2472
Phone: (608) 263-8443
Fax: (608) 262-7174
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600 Highland Avenue
A4/204 Mail Drop 2472
Madison, WI 53792-2472
Phone: (608) 263-3205
Fax: (608) 263-6453

Anatomic Pathology Consultation Request Form

PATIENT INFORMATION			COLLECTION / REPORTING INFORMATION		
LAST NAME	FIRST NAME	M.I.	REFERRING INSTITUTION		
EXTERNAL MRN	DOB		STREET ADDRESS		
	SEX: MALE FEMALE				
STREET ADDRESS			CITY	STATE	ZIP
CITY	STATE	ZIP	INSTITUTION TEL. NO.		INSTITUTION FAX NO.
PHONE			REFERRING PROVIDER:		CONTACT TEL. NO.
PATH NO. (PATH USE ONLY)			CONSULTATION REQUEST:		
			CYTO	DERM	EYE
			HEME	RENAL	NEURO
			SURG PATH		

MATERIALS SENT

QTY/MEDIUM	OUTSIDE ACCESSION/ CASE #	ANATOMIC LOCATION/TYPE OF TISSUE	COLLECTION DATE
_____ SLIDES _____ BLOCKS			
_____ SLIDES _____ BLOCKS			
_____ SLIDES _____ BLOCKS			
_____ SLIDES _____ BLOCKS			
_____ SLIDES _____ BLOCKS			

BRIEF HISTORY/CLINICAL INFORMATION

ACKNOWLEDGMENT

I acknowledge that UW Health will become the custodian of all material submitted with this consultation request for 30 days post sign out. Materials will be returned by standard US mail.