Martha Jefferson Hospital
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Department of Pathology
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R. Hunt MacMillan, III, M.D. - Laboratory Medical Director

SURGICAL PATHOLOGY / CYTOLOGY CONSULTATION REQUEST

INFORMATION IN RED IS REQUIRED.

PRIMARY

Insurance Company
Insurance Company Address
Policy No. | Group No.
Policyholder's Name
Policyholder's Address
Place of Employment

SECONDARY

Insurance Company
Insurance Company Address
Policy No. | Group No.
Policyholder's Name
Policyholder's Address
Place of Employment

Patient Name (Last, First, MI)
Address
Social Security # | Phone #
Doctor
D.O.B. | Sex | Date of Service
MR No. | Account No.
Physician's Signature

CC of Report To
Name & Phone #

LOCATION
☐ Inpatient Surgery
☐ Outpatient Surgery
☐ Endoscopy
☐ Room No._____
☐ Emergency Dept.
☐ Medical Imaging
☐ Other_____

Intraoperative Consult
☐ Yes ☐ No
☐ OR Room No.

S.P. Accession No.

Previous Pathology Accession Numbers

Specimen Type
☐ **Biopsy**
☐ **Excision**
☐ **Other:**_____

Clinical History:
(REQUIRED INFO.)

LMP:

Collection Time:

Time in Formalin:

Diagnosis:

Diagram/Orientation/Special Instructions:

SPECIMEN SOURCE **(REQUIRED INFO.)**

①	⑦
②	⑧
③	⑨
④	⑩
⑤	⑪
⑥	⑫

FOR PATHOLOGY USE ONLY

MJH152
8/1/11