

Pathology Consultation Request

This form **MUST** be filled out **COMPLETELY** and **ACCURATELY** in order to proceed with the review of your case.

ALL cases submitted must have included:

- Pathology Report (gross only is fine)
- an ICD-10 code
- Patient demographics

If you have any questions please contact the Duke Consultative Office Phone: (919) 684-2860 or Fax: (919) 684-5215

Patient Name: (last, first, middle)	Last four digits of Social Security Number _____
Date of Birth (mm/dd/yyyy)	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	Home Telephone Number:

Referring Physician (last, first):	NPI#:	UPIN#:	Institution Name:
Mailing Address:			
Billing Contact & Phone No:	Physician Phone No:	Physician Fax No:	

The outside submitting facility is financially responsible for any charges related to requests for consultative services. Please complete the information below for invoicing purposes.

Name of Hospital:	Attention To:
Address:	Phone Number: Fax Number:
Ship To: Duke University Health System Dept. of Surgical Pathology Consultative Service 40 Duke Medicine Circle Rm#08NM Davison Bldg. Durham, NC 27710	<u>DEPT USE ONLY</u> Duke MRN# _____ HAR# _____ CSN# _____ Surg. Path Accession# _____ Material Received: Date Accessioned: _____ Initials: _____