THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF MEDICINE

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UROLOGIC CONSULTATION REQUEST FORM

SHIP TO:	**Mahul B. Amin, Professor and Chair** **Department of Pathology and Laboratory Medicine** **University of Tennessee Health Science Center** **930 Madison Avenue, Suite 531** **Memphis, TN 38163**

INSTRUCTIONS: SHIP SLIDES IN PADDED ENVELOPE OR SHIP BLOCKS (IF OTHER THAN PARAFFIN BLOCK, CALL FOR INSTRUCTIONS)

REFERRING FACILITY:	**DATE:**
REFERRING MD NAME:	**PHONE:**
ADDRESS:	**FAX:**
CITY/STATE/ZIP:	**EMAIL:**

THE INFORMATION IN THIS SECTION IS MANDATORY FOR PATIENT TRACKING. MISSING INFORMATION COULD DELAY REVIEW OF THE CASE.

PATIENT FIRST NAME:			**LAST NAME:**	
AGE:	**DOB:**		**SEX:** ☐ **M** ☐ **F**	**S.S. #:**

MATERIALS SUBMITTED:	**SLIDES: PATH #:**	**NO.:**	**BLOCKS: PATH #:**	**NO.:**
	SLIDES: PATH #:	**NO.:**	**BLOCKS: PATH #:**	**NO.:**

SITE OF LESION:	**COLLECTION DATE:**

PAYMENT INFORMATION

☐ Check - please bill _____
☐ Enclosed - payable to *"University of Tennessee Health Science Center"*
☐ Credit card: Type (Visa/MC/AmEx/Other: _____ - *please circle one*):

_____ _____ _____
(Credit Card #) *(Exp)* *(Security Code)*

Card Holder Name (Please Print): _____ Signature:_____

☐ Please bill referring institution/pathology group/patient:
Name:_____ Address: _____ Phone: _____
☐ Please bill 3rd party insurance:
Patient (or patient's guardian) name:_____ Address: _____
_____
Phone: _____ Insurance carrier (*provide copy of front/back of insurance card*): _____
Policy #: _____ Group #:_____
Insurance company address:_____
Insurance company phone #:_____ Referring Pathologist UPIN #:_____

RETURN OF MATERIALS: Please include a FedEx return label OR provide your FedEx account #: _____

Use one form per case. Enclose a cover letter outlining the clinical history and a copy of the surgical pathology report, even if incomplete (gross description of specimen), to document patient identity as well as slide labeling.