



Note: This form is not required but the information must be included for PATHC / Pathology Consultation orders. If used, this form may be completed electronically and attached to your request (preferred), manually and sent with your specimens, or faxed to Mayo Lab Inquiry (+1-507-284-1759).

Date _____
(mm-dd-yyyy)

Dear Mayo Clinic consultant,

I am sending you the relevant blocks/slides for _____,
(Patient Last Name, First Name) DOB (mm-dd-yyyy)

with _____.
(Clinical Presentation, Relevant Medical History) (Histologic Findings and Methods Employed)

1. Consultation Reason

- Diagnosis (e.g., tumor classification)
- Histologic grading
- Margin assessment
- Other _____
- Confirmatory review (with preliminary findings provided)
- Explanation of unusual histologic findings
- Requested by clinician or patient

2. Pathology Subspecialty

- Bone and Soft Tissue*
- Breast
- Cardiovascular
- Cytology (FNA)
- Dermatopathology
- Endocrine
- Gastrointestinal/Liver
- Gynecologic
- Head & Neck*
- Hematopathology
- Infectious Diseases
- Neuropathology*
- Ophthalmic
- Placenta
- Pulmonary (Thoracic)*
- Medical Renal
- Urologic
- Unknown/Multiple

*Submit imaging and/or clinical photos if appropriate.

3. Relevant Materials

Slides _____
(Description or ID & Stain)

Blocks _____
(ID & Stain)

Imaging _____
(Description & transfer method [Epic CE / Mayo Clinic Image Share / CD]) e.g., perinate laboratory work

Comments

I understand that your consultation will focus on the specific issues described above and does not correspond to a comprehensive, primary pathology report.

I may be contacted to discuss the case further, as needed.

Office _____ Fax _____ Mobile _____

Sincerely,
