

Neuropathology Consultation Request Form

1211 Medical Center Drive | Surg Path VUH 3123 | Nashville, TN 37232
Phone: 615-322-3998 | Fax: 615-343-7089

1. Patient Information (Please Print) (Required)

Last Name: _____ First Name: _____ MI: _____
SS#: _____ Date of Birth: _____ Sex: _____

2. Billing Information (Required)

Bill To: Client/Institution Patient Insurance (must attach demographics)

3. Clinical Information (Required)

Attach Clinical Notes, including Neurology/Rheumatology notes and EMG/Nerve conduction results.

4. Ordering Physician/Sending Institution (Required)

Institution Name: _____

Address: _____

Contact Person (who filled out this form): _____ Phone: _____

Physician Name: _____

Physician Phone: _____ Physician Fax: _____

Referring Pathologist Name (if applicable): _____

Referring Pathologist Phone: _____ Referring Pathologist Fax: _____

Fax Number for Results to be Sent (required): _____

5. Specimen Information (Required)

ICD10 Code(s): _____

1st Muscle: _____ Nerve: _____ Site: _____ Right or Left

2nd Muscle: _____ Nerve: _____ Site: _____ Right or Left

Specimen Types Enclosed

1 Fresh Unfixed Tissue

1 Frozen Tissue for Muscle Workup

1 Glutaraldehyde

1 Formalin fixed (not for nerves)

(4% for nerve only)

1 Glutaraldehyde (2% for muscles)

1 Frozen muscle for metabolic studies

The purpose of this form is to obtain information necessary for the Neuropathology Department to perform consultations and/or testing. Failure to properly complete the form may cause delay in the processing of specimens. Revised 11-2023