

## The Mount Sinai Hospital Department of Pathology Annenberg Building, 15<sup>th</sup> Floor, Room 01 1468 Madison Avenue, New York, New York 10029-6574 Telephone: (212) 241-2675 Fax: (212) 876-4718

## PATHOLOGY CONSULTATION REQUEST

**Patient Information** 

Last Name		First Name			Middle Name	
Data of Dirth (rom/dd/ssss)	Condex					
Date of Birth (mm/dd/yyyy)	Gender		E-mail Address			
Patient Address				Phone	Phone Number	
Case Information	Cas	se 1	Case 2			Case 3
Accession Number						
Specimen Source						
Date of Collection or Procedure						
Number of Slides/Blocks						
Preferred Mount Sinai Pathologist						
Reason for Consultation						
Please attach clinical information and pertinent laboratory values						
Referring Physician / Institution Information						
Last Name	First Nam	ne		Institution Name		
Physician Preferred Phone Number Office Fax		Number S		Secured E-mail (Preferred)		
NPI# Ma	ailing Address					
Return of Material Institution and Address (if different from above)						
Institution Name Mailing Address						
Responsible Billing Party						
Same as Referring Physician     Patient Self Pay (If paying by credit, please provide credit card information below)						
O Patient Self Pay (If paying by credit, please provide credit card information below) Credit Card Payment Information						
Card Type	Credit Card Number Security					Security Code
Expiration Date	Name on Card					-
Billing Street Address						
City	State			ZIP		
Authorized Signature						
Fees: \$400 for professional/MD consultation plus possible lab fees for special staining or antibody testing. Laboratory will cap at maximum of ten (10) stains or antibodies.						
Laboratory fees and charges matrix:						
IHC testing each Antibody 88342 and 88341 (TC)\$81.00 / Slide (Antibody)Special Stain testing each Stain 88313 (TC)\$65.00 / Slide (Special Stain)						
Please check here if you are giving the laboratory permission to add these expenses or if you wish to authorize extra charges prior to processing.						

For questions regarding billing, please call the **Pathology Billing Department** at **212-731-7771 or 212-731-7772**. For non-billing questions, please call 212-241-2675. Please note: Mount Sinai Pathology does not perform third party billing.

Please note: Consultations marked as "RUSH or "STAT" cannot be guaranteed to be read immediately. Our pathologists will do their best to read all cases in a timely manner. If the case being sent is an urgent one, please be sure to include all contact information, including after-hours phone numbers, for the requesting physician.

Mailing Address: The Slide Room, Department of Pathology at Mount Sinai Hospital, One Gustave L. Levy Place, Box 1194, New York, NY 10029