Cincinnati Children's
changing the outcome together

Division of Pathology
MLC 1035 • Room R2040
240 Albert Sabin Way, Cincinnati, OH 45229
For inquiries, call: 513-636-4261 • Fax: 513-636-3924
www.cincinnatichildrens.org/pathology

PATHOLOGY CONSULTATION AND SPECIAL STAIN REQUISITION

All Information Must Be Completed Before Sample Can Be Processed. Please Type or Print.

PATIENT INFORMATION

Patient Name: _____ , _____ , ___
Last First MI

Address: _____

_____

Home Phone: _____

MR# _____ Date of Birth _____ / _____ /_____

Gender: ☐ Male ☐ Female

CLINICAL HISTORY

Clinical History: _____

_____

_____

Pre-op Dx: _____

_____

Procedure: _____

_____

SAMPLE/SPECIMEN INFORMATION

Specimen Type: _____

Collection Date/Time: _____

Phone # for questions: _____

FedEx account number*: _____
*If not provided, slide(s) will be returned via regular mail.

Please send unstained slide(s), paraffin block, or specimen along with request form to:

Cincinnati Children's Hospital Medical Center
Department of Pathology ML 1035
240 Albert Sabin Way
Cincinnati, OH 45229-3039

Phone: 513-636-4261
Fax: 513-636-3924

ORDERING PHYSICIAN INFORMATION

Office/ Practice/ Institution Name: _____

_____

Ordering Physician: _____

Street Address: _____

City: _____

State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Email Address: _____

BILLING INFORMATION

REFERRING INSTITUTION

Institution: _____

Address: _____

City/State/Zip: _____

Accounts Payable Contact Name: _____

Phone: _____

Fax: _____

Email: _____

*For some tests, commercial insurance, OH, KY, or IN Medicaid can be billed. Please attach complete demographic and insurance information.

TEST(S) REQUESTED

☐ **Pathology Slides Second Opinion/Consultation**

☐ **Pathology Specimen Consultation**
- ☐ With interpretation
- ☐ Without interpretation

☐ **Pathology Stain Request**
- ☐ With interpretation
- ☐ Without interpretation

Please list stains: _____

_____

_____

_____

PHYSICIAN SIGNATURE

Ordering Physician Signature (REQUIRED) _____ Date: _____/_____/_____