

## CONSULT CHECKLIST

*For your convenience, below is a list of information needed to process consult cases in an accurate and timely fashion. Please remember that failure to submit the required information may result in delays or even the return of your case.*

### 1. Complete Slide Request Form:

- a. Patient demographic information
- b. Biopsy date
- c. Biopsy site
- d. Insurance information
- e. Medical history
- f. Referring physician's name and contact information
- g. Slide/block accession numbers
- h. Number of slides/blocks submitted

### 2. Attach corresponding pathology report

### 3. Mail to:

#### FedEx Only:

**Dermatopathology Center**  
CORTEX Building, Suite 212  
4320 Forest Park Avenue  
St. Louis, MO 63108

#### Non-FedEx:

**Dermatopathology Center**  
CORTEX Building, Suite 212  
4444 Forest Park Avenue  
St. Louis, MO 63108

## CONSULT REQUEST

DATE

**ORDERING PHYSICIAN - PLEASE SIGN AT THE BOTTOM**

Name	NPI
Institution/Hospital	
Address	
Phone	Email

**LAB USE ONLY**

Date Received:
Accessioner:
Outside Slide#:
Outside Block#:
Number of Slides:
Number of Blocks:

Accession Number
------------------

**PATIENT INFORMATION - PLEASE ATTACH COPY OF INSURANCE CARD/DEMOGRAPHIC SHEET**

Last Name	First Name	Middle Name	
DOB	SSN	Race	Sex
Home Address	Street		
	City	State	Zip Code
Home Phone		Work Phone	

**Bx Date      ANATOMICAL SITE      CLINICAL DESCRIPTION, PREVIOUS CASE (IF ANY), DIAGNOSIS, ICD-9 CODE**

A)		
B)		
C)		
D)		

**LAB USE ONLY**  
**PATHOLOGICAL DIAGNOSIS**

SUBMITTING PHYSICIAN'S SIGNATURE:



## CONSULT POLICIES

Requestors submitting to the Washington University Dermatopathology Center (DermPath@WUSTL) are expected to read and agree to the policies outlined below. Failure to comply with any of these policies could delay processing or result in request cancellation.

**Required Documentation and Materials Accepted** – All requests must be submitted with proper documentation. Requests cannot be processed without accurate and complete testing requests, registration materials, and billing information. Additionally, failure to properly prepare materials can compromise the service.

### Required Documentation:

- Completed Consultation Request
- Patient demographic information
- Relevant billing information
- Ordering physician diagnosis
- Details about the specimen such as collection date
- Preliminary pathology report(s), if requesting a consultation

### Materials Accepted :

- Paraffin embedded tissues
- Stained slides
- Unstained charged slides
- Fresh tissue in fixative

**Shipping of Materials** – Service requests should be submitted to the address listed on the request form. Failure to properly address shipments can result in delay of service at no fault DermPath@WUSTL.

**Retention of Consult Materials** - By submitting consult materials, you are acknowledging a transfer of custodianship of those samples to DermPath@WUSTL for the duration of the service to be performed. Materials are retained for at least 30 days post sign-out in case further review is required. After 30 days the return process is initiated.

**Release of Consult Materials** - No consult materials shall be released to any other entity including directly to the patient without written consent from the referring institution.

**Return of Consult Materials** - All slides, reports, and supporting documentation will be returned to the referring institution by USPS First class mail unless a FedEx or UPS shipping number is provided by the referring institution. If consumable materials such as blocks or tissue remain post testing, the materials will be returned via FedEx, UPS, or courier as most appropriate.

**Consent to Additional Testing and Interpretation** - During the course of filling your request it may be determined additional testing is required. Additional testing will only be performed if the test is required to satisfactorily perform the service requested. By submitting a request to DermPath@WUSTL, you are consenting to any additional testing and interpretation required to fulfill your request. Unless stated on the request form, additional testing will be performed without requesting consent or notification.

**Fees, Payments & Insurance** - The patient's insurance information must be supplied if the patient's insurance is to be billed. If payment is denied by the patient's insurance, you or your patient will be responsible for payment of services provided. Please visit the Washington University Physicians website to verify the accepted health insurance carriers.

**Patient Information and Confidentiality** – DermPath@WUSTL strictly adheres to all HIPAA guidelines and polices. Patient privacy is of up-most importance and all employees undergo extensive training to insure appropriate handling of protected patient information. Patient information is only shared when required to complete your request and then only in accordance with HIPAA guidelines. A full description of the policy can be found on the Washington University HIPAA Privacy Office website.

**Cancellation of Requests** - Any cancellation of a request must take place prior to the intake of the request. In order to avoid charges related to the request the referring institution must contact customer service and notify them by phone of the cancellation. Please note that failure to cancel a request prior to intake can result in full or partial charges for the service. Materials will be returned to the referring institution at their cost.

**Unsatisfactory Results** – DermPath@WUSTL strives to provide excellent service and results for every request we receive. If you find the results unsatisfactory for any reason, please contact the customer service by phone as soon as possible. Given the many external factors involved with some services, concerns must be carefully examined to determine the cause and resolution.

**Indemnification** - Submission to DermPath@WUSTL includes acknowledgement that neither the referring institution nor DermPath@WUSTL hold each other responsible for losses, liabilities, claims or damages that might be incurred during competition of the request.

**Access to Records** - Access to records is governed by HIPAA and will only be granted as needed to the involved parties. Records, reports, and materials may be available to the referring institution on a case by case basis. Patient request for access will only be granted if written consent is provided by the referring institution. Requests for access should be forwarded to [dermpath@wustl.edu](mailto:dermpath@wustl.edu).