

## 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:

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

## CONSULT REQUEST

DATE

LAB USE ONLY

Date Received:
Accessioner:

Accession  
Number

ORDERING PROVIDER - PLEASE SIGN AT THE BOTTOM

Name	Institution:
Address:	
Phone:	Fax:
Copy to Provider/Institution A:	Fax:
Copy to Provider/Institution B:	Fax:

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

Last Name	First Name	Middle Name
DOB	Race	Sex

OUTSIDE ACCESSION#	Number of		ANATOMICAL SITE	CLINICAL DESCRIPTION
	SLIDES	BLOCKS		
A)				
B)				
C)				
D)				

LAB USE ONLY  
PATHOLOGICAL DIAGNOSIS

SUBMITTING PHYSICIAN'S SIGNATURE:

CONSULT  
REQUEST