NATIONWIDE CHILDREN'S
*When your child needs a hospital, everything matters.℠*

**Ship To: Nationwide Children's Hospital**
**Laboratory Services Room C1955**
**Attention: Anatomic Pathology**
**700 Children's Drive**
**Columbus, Ohio 43205**

P: (614) 722-5450 F: (614) 722-3033

# ANATOMIC PATHOLOGY CONSULT REQUISITION

| PATIENT INFORMATION | BILLING INFORMATION |
|---|---|
| Patient ID #: | Contact Last Name: |
| Account #: | Contact First Name: |
| Client/Patient ID #: Sample #: | Phone: |
| Patient Last Name: | Fax: |
| Patient First Name/ MI: | Email: |
| DOB: Sex: | Office/Institution Name: |
| Race: Ethnicity: | Street Address: |
| Social Security # | City: State: Zip: |
| Address: | • Pre-payment is required for samples referred from outside the U.S. or Canada. |
| City: State: Zip: | • For more information, please contact Nationwide Children's Hospital Client Services at 1-800-934-6575. |
| Phone: | |
| **SPECIMEN INFORMATION** | |
| Collection Date: Time: | |
| Collected By (Full Name): | |

**SPECIMEN FORWARDED:**

☐ Fresh ☐ EM Fixative ☐ Formalin ☐ Frozen ☐ Other: _____

☐ Surgical Pathology

- ☐ Surgical Pathology Report(s): _____
- ☐ Original Stained Slides (specify): _____
- ☐ Unstained Slides (specify): _____
- ☐ Paraffin Blocks (specify): _____
- ☐ Other Materials (specify): _____

**SERVICES REQUESTED:**

☐ Surgical Pathology
- ☐ 2nd opinion
- ☐ Technical work only (no report generated)
  - ☐ Special Stains (specify): _____
  - ☐ Immunohistochemical Stains (specify): _____
- ☐ Technical work with interpretation report
  - ☐ Special Stains (specify): _____
  - ☐ Immunohistochemistry Stains (specify): _____

☐ Cilia Biopsy ☐ Direct Immunofluorescense ☐ Electron Microscopy

☐ Renal Pathology - must complete Renal Pathology Consult Request Form SM-REQ-EXT-F-42

☐ Material Requested (specify): _____

Reason for Request (specify): _____

☐ Additional Testing (specify): _____

**CLINICAL HISTORY REQUIRED:**

ICD-10 CODE: _____

**REQUESTING PHYSICIAN INFORMATION:**

Physician Name (please print): _____

Email: _____ Fax: _____ Telephone: _____

Signature required: _____