Ship To: Nationwide Children's Hospital
Attention: Anatomic Pathology
Room C1955
700 Children's Drive
Columbus, Ohio 43205
P: (800) 934-6575 F: (614) 722-5478

Anatomic Pathology Consult Requisition

SERVICES REQUESTED	PATIENT INFORMATION
☐ Primary diagnosis	Patient ID/NCH MRN #: NCH / Outside
☐ Continuum/transfer of care **(include patient release)**	Last Name:
☐ Second opinion on completed case	First Name: MI:
	DOB: Sex:
☐ Preferred Pathologist/Service (optional):	Address:
_____	City: State: Zip:
	Phone:
REFERRING PHYSICIAN INFORMATION	**BILLING INFORMATION**
Name: NCH / External	☐ *Patient Bill *(Please attach insurance demographics.)*
Phone: Fax:	☐ Client Bill / Institution Bill
Email:	Institution/Department:
Signature Required:	Street Address:
SPECIMEN INFORMATION	Street Line 2:
Specimen ID:	City:
Collection Date(s) and Time: / / : AM PM	State: Zip:
Collected by (Full Name):	Phone: Fax:

MATERIALS AND MAILING INSTRUCTIONS

Checklist of Materials Enclosed to be submitted (as applicable): ICD-10: _____

☐ Cover Letter
☐ Clinical History
☐ Pathology Reports
☐ Insurance Demographics
☐ Radiology Reports
☐ Other _____
☐ Operative/Surgery Reports
☐ Original Slides (Specify):_____
☐ H&E Stained Recuts (Specify):_____
☐ Unstained Slides (Specify):_____
☐ Paraffin Blocks (Specify):_____

Ship materials to address above

Please email your package tracking number to: PathologyClinicalRequests@nationwidechildrens.org

Please inform Parent/Guardian that they will receive a bill from Nationwide Children's Hospital for services performed

For questions please refer to our website NationwideChildrens.org/Lab or call Client Services at (800)-934-6575.