

Sudden Cardiac Death Pathology Consultation Request

Sudden Cardiac Death Pathology Consultation (SUDC)

Client Information (requ	uired)		Decedent Informa	ation (required	l)		
Client Name			Patient ID (Medical Rec	Patient ID (Medical Record No.)		Death Date (mm-dd-yyyy)	
Client Account No.			Patient Name (Last, First,	Middle)	1		
Client Phone	Client Or	der No.	Sex			Birth Date (mm-dd-yyyy)	
Street Address			Collection Date (mm-dd-	Collection Date (mm-dd-yyyy)		□ am □ pm	
City	State	ZIP Code	Autopsy Case Number				
Submitting Pathologis Information (required)	st/Medical Exa	miner	A preliminary/final autop Tissue Specimen	s Provided (<u>.</u>	
Submitting Pathologist/Medical Examiner Name (Last, First)		Procedure (eg, biopsy, resection):	Tissue source (eg, heart):		List block numbers:		
Fill in only if Call Back is req	juired.						
Phone (with area code)	one (with area code) Fax* (with area code)					Number of slides sent:	
National Provider Identification	n (NPI)						
\ *Fax number given must be from a fax HIPAA regulation.	x machine that complies	with applicable	Reason for Consu	iltation (reco	mmende	ed)	
MCL Internal Use Only							
			_				
			Clinical Notes (rec				
			eg, medical history, lab value	98			
			1 1				

Billing Information

• An itemized invoice will be sent each month.

Call the Business Office with billing-related questions:

• Payment terms are net 30 days.

800-447-6424 (US and Canada) 507-266-5490 (outside the US)

Ship specimens to:

Mayo Clinic Laboratories 3050 Superior Drive NW Rochester, MN 55905

Customer Service: 855-516-8404

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.