

Sudden Cardiac Death Pathology Consultation Request

Sudden Cardiac Death Pathology Consultation (SUDC)

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Submitting Pathologist/Medical Examiner Information (required)

Submitting Pathologist/Medical Examiner Name (Last, First)
--

Fill in only if Call Back is required.

Phone (with area code)	Fax* (with area code)
National Provider Identification (NPI)	

*Fax number given must be from a fax machine that complies with applicable HIPAA regulation.

MCL Internal Use Only

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.

Decedent Information (required)

Patient ID (Medical Record No.)	Death Date (mm-dd-yyyy)
Patient Name (Last, First Middle)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm-dd-yyyy)
Collection Date (mm-dd-yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Autopsy Case Number	

A preliminary/final autopsy report is **required**.

Tissue Specimens Provided (required)

Procedure (eg, biopsy, resection):	Tissue source (eg, heart):	List block numbers:
		Number of slides:

Reason for Consultation (recommended)

Clinical Notes (recommended)

eg, medical history, lab values

Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing-related questions:
 800-447-6424 (US and Canada)
 507-266-5490 (outside the US)