



**Note:** This form is not required but the information must be included for CONFL / Pathology Consultation orders. If used, this form may be completed electronically and attached to your request (preferred), manually and sent with your specimens, or faxed to Mayo Lab Inquiry (+1-904-956-3336).

Date \_\_\_\_\_  
(mm-dd-yyyy)

Dear Mayo Clinic consultant,

I am sending you the relevant blocks/slides for \_\_\_\_\_,  
(Patient Last Name, First Name) Birth Date (mm-dd-yyyy)

with \_\_\_\_\_.  
(Clinical Presentation, Relevant Medical History) (Histologic Findings and Methods Employed)

### 1. Consultation Reason

- Diagnosis (eg, tumor classification)
- Histologic grading
- Margin assessment
- Other \_\_\_\_\_
- Confirmatory review (with preliminary findings provided)
- Explanation of unusual histologic findings
- Requested by provider or patient

### 2. Pathology Subspecialty

- Bone Marrow
- Bone, Soft Tissue, Joints\*
- Breast
- Cardiovascular
- Clinical Pathology
- Cytopathology
- Dermatopathology
- Endocrine/Thyroid
- Gastrointestinal
- Gynecologic
- Head and Neck/  
Oral Pathology\*
- Lymph Nodes
- Molecular Anatomic  
Pathology
- Molecular  
Hematopathology
- Neuropathology\*
- Pancreatobiliary  
and Liver
- Pulmonary\*
- Renal
- Transplant (cardiac,  
lung, renal, liver)
- Urologic (GU)
- Unknown/Multiple

*\*Submit imaging and/or clinical photos if appropriate.*

### 3. Relevant Materials

Slides \_\_\_\_\_  
(Description or ID and Stain)

Blocks \_\_\_\_\_  
(ID and Stain)

Imaging \_\_\_\_\_  
(Description and transfer method [Mayo Clinic Image Share/external storage device]) eg, perinate laboratory work

Comments

I understand that your consultation will focus on the specific issues described above and does not correspond to a comprehensive, primary pathology report.

I may be contacted to discuss the case further, as needed.

Office \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Sincerely,

\_\_\_\_\_