

Release of Pathology Slides/Blocks/Reports for Consultation

Please complete form in its entirety, leave nothing blank and submit to the UConn Health Department of Pathology and Laboratory Medicine **at least six business days** before your appointment to guarantee arrival of materials at the consulting institution.

Patient Information			Ordering Physician information		
Last name			Client/Institution name		
First name	MI	DOB	Ordering Physician		
Address			Address		
City	State	ZIP code	City	State	ZIP code
Phone:			Phone	FAX	

BILLING INFORMATION

Medical Necessity Notice:

Please note that insurance companies often require a determination of medical necessity before they approve coverage for the release of pathology slides and reports. If the insurance company denies payment, the patient or requestor may be responsible for the full cost of the service if it is provided.

BILL TO: Client/Institution Insurance Patient

ICD-10 Code _____

Please attach complete demographic and insurance information.

Clinical History: _____

Primary Insurance _____

Place of Service: non-hospital Outpatient

Secondary Insurance: _____

Inpatient Discharged Date: _____

SPECIMEN INFORMATION

Purpose of Release: Consultation/second opinion Continuation of care

Accession # _____ Date of Collection _____

Comments/description _____

RECEIVING INSTITUTION

PHYSICIAN NAME	PHONE	CONTACT PERSON	PHONE
DEPARTMENT AND INSTITUTION			
ADDRESS	CITY	STATE	ZIP CODE





Release of Pathology Slides/Blocks/Reports for Consultation

I hereby authorize _____ to receive my pathology slides blocks and related material from the UConn Health pathology department for consultation purposes. I understand the receiving institution will review provided materials and may perform additional testing, including but not limited to molecular testing, immunohistochemistry (IHC) and/or further testing deemed necessary for diagnostic purposes.

PATIENT OR LEGAL REPRESENTATIVE SIGNATURE _____

PRINTED NAME _____ DATE _____

Legal representative must attach a copy of legal authority to act on behalf of patient.

Please send request to the:

DEPARTMENT OF ANATOMIC PATHOLOGY
UCONN HEALTH
263 FARMINGTON AVENUE, MC 3985
FARMINGTON CT 06030-3985

Phone (860) 679-2980 FAX (860) 679-4334

Please be advised that all slides/blocks sent to the consulting institution are for review and are the property of UConn Health Pathology Department. The materials sent MUST be returned to us as soon as you have completed your studies. These slides/blocks constitute an indispensable part of the patient's record and must be maintained in our files for compliance purposes.

For office use only:

UConn Health Pathologist authorizing material	
FEDEX tracking #	
Date of return of slides/material and Initials	