DIVISION OF ANATOMIC PATHOLOGY
Consult Requisition Form

PathologyConsult@texaschildrens.org
Phone: 832-824-2250
Fax: 832-825-1032

Today's Date ______________________________

REASON FOR REVIEW

Primary diagnosis
Transfer of care
Second opinion on completed case

REFERRING PHYSICIAN

Name ______________________________
Phone ____________ E-mail ____________________
Texas Children's service requesting review (*if applicable*):
____
Consult pathologist or requested subspecialty (*if known*):
____

CONTACT TO RECEIVE REPORT

Name ______________________________
Institution/Hospital ______________________________
Street Address ______________________________
Address Line 2 ______________________________
City ______________________________
State ________ Zip __________ Country__________
Phone ________________ Fax ________________
E-mail ______________________________

PATIENT INFORMATION

Last Name ______________________________
First Name ______________________________
Middle Name ______________________________
Medical Record Number ______________________________
Date of Birth ______________________________
Male Female Unknown

BILLING INFORMATION

Patient Insurance *(Please attach insurance demographics.)*
Institutional Billing *(Please fill out information below.)*

Institution/Department ______________________________
Street Address ______________________________
Address Line 2 ______________________________
City ______________________________
State ________________ Zip ____________
Billing Contact ______________________________
Phone ______________ Fax ____________
E-mail ______________________________

SAMPLE INFORMATION

FOR ANCILLARY STAINS/STUDIES, WE PREFER 10 UNSTAINED SLIDES RATHER THAN PARAFFIN BLOCKS. (We will request additional materials if necessary.)
Please include relevant diagnostic reports and clinical history along with pathology materials.

MAILING INSTRUCTIONS

PLEASE EMAIL YOUR PACKAGE TRACKING NUMBER TO: PathologyConsult@texaschildrens.org
When your package is received, we will email your TCH consult case number and name of the pathologist handling the case.

Ship to: Pathology Consult Desk
6621 Fannin St.
Suite AB1195
Houston, TX 77030
Phone: 832-824-2250

Checklist of Materials Enclosed:

Pathology Reports
Radiology Reports
Operative/Surgery Reports
______ # of Stained Slides
______ # of Unstained Slides
Insurance Demographics *(If NOT Institutional Billing)*
Other ______________________________

QUESTIONS? PathologyConsult@texaschildrens.org | 832-824-2250