

Checklist for Penn Pathology Second Opinion Service

Below is a checklist to help you submit the appropriate materials and documents needed in order to expedite processing your request for pathology consultation at Penn Medicine.

1	If you are sending slides to Penn Pathology Second Opinion Service for the first time, you will need a client number. To obtain a client number, complete and submit the "New Client Account Request Form" (attached) via e-mail to pathadmin@uphs.upenn.edu or via fax to (215) 349-8994
2	When submitting slides for consultation, complete the consult request form (attached). Enclose a copy of the pathology report (if available), record the number of H&E and IHC slides being submitted.
3	In order to expedite sign-out of the case, it is strongly recommended that a representative block (or at least 5 unstained slides) be submitted.
4	Send Material to: Penn Pathology Second Opinion service Founders 6.012 3400 Spruce Street Philadelphia, PA 19104 Tel: (215) 662-6526 Fax: (215) 349-8994
5	Upon receipt of the case, an e-mail notification will be sent back to the e-mail address provided on the consult form.
6	In most instances, the case is reviewed and verified within one business day.
7	Report will auto fax upon verification. A hard copy report will be shipped back with the material the day after report verification. One representative slide from the case may be kept on file at Penn Pathology.
8	You can contact the Penn Pathology support group by sending an e-mail to pathadmin@uphs.upenn.edu All e-mails will be responded to within an hour between the hours of 7 am and 7 pm M-F.



Penn Medicine

Department of Pathology and Laboratory Medicine New Client Account Request Form

Please clearly complete the form and return to Client Services.

Email to pathadmin@uphs.upenn.edu or fax 215-349-8994

Questions? Contact 215-662-6526

DATE: _____

Client Name

Signature of Responsible Financial Party

Send Results To (Complete address):

Send Bill To (Complete address):

Client (Lab Contact)

Client (Billing Contact)

Street Address

Street Address

City, State Zip

City, State Zip

Phone () -

Phone () -

Fax: () - :

Fax: () -

Email Address

Information Systems Coordinator: _____
Michael Weinberg

FOR LIS USE ONLY	
LIS Location	_____
Client #	_____
Guarantor #	966166659



Date: _____

OR# _____ (Office Use)

Patient Name: (Last) (First) (Mid. Initial)			Date of Birth	Sex: M F
Requesting Pathologist/Physician Name:			The case should be billed to: <input type="checkbox"/> Requesting physician's practice <input type="checkbox"/> Patient's insurance (attach demographics)	
Institution Name:				
Address:				
City:	State:	Zip Code:		
Tel:	Fax:	E-Mail:		

Include a copy of pathology report, slides, and 1 block or 5 unstained slides. If report not available, a cover letter with pertinent clinical information will expedite processing

Accession/Case Number:	
Specimen Source:	
Procedure Date:	
Number of slides:	H&E IHC Unstained
Block #	

Subspecialty Group Requested: (Check one or more)

- Cytopathology GI/Liver GYN Breast Derm.
- ENT/Endocrine GU/Renal Pulmonary Soft Tissue/Bone
- Neuropathology Hematopathology

Patient clinical history: _____

Specific Questions: _____

Ship to:

Pathology Slide Consult Office | Founders 6.112 | 3400 Spruce Street | Philadelphia, PA 19104

Tel: 215.662.6526 | Fax: 215.349-8994 | E-mail: pathadmin@uphs.upenn.edu