

# CONSULTATION REQUEST

CVPATH - INSTITUTE, INC.

19 Firstfield Road • Gaithersburg, MD 20878

Main: 301.208.3570 • Fax: 301.208.3745

NAME OF PATIENT: (Last, First, Middle)

(REQUIRED)

DATE SHIPPED

SEX

AGE

DATE OF BIRTH: (Month, Day, Year)

(REQUIRED)

PATIENT'S IDENTIFICATION NUMBER:

(REQUIRED)

## MATERIALS FORWARDED:

Clinical Information

Autopsy Report

Wet Tissue: a) fixed b) frozen

Laboratory Tests

Slides

Heart

Surgical Path Report

Blocks

Photos

## CASE IDENTIFICATION:

Specific Biopsy Site Organ

\_\_\_\_\_

Surgical Path Accession No. (S)

\_\_\_\_\_

Autopsy Accession No.

\_\_\_\_\_

## TYPE OF FIXATION USED:

FORMALIN

ALCOHOL

HISTOCHOICE

GLUTTERALDEHYDE

**CONTRIBUTOR'S WORKING DIAGNOSIS:** (Differential diagnosis and questions should be entered in "Comments and Requests" Section)

**CLINICAL HISTORY:** Include: Location, Size, Symptoms, Duration, Physical and Laboratory Findings, Type and Date of Operation(s) and/or other Treatment.

SIGNATURE OF CONTRIBUTOR: (Required)

DATE

NAME OF CONTRIBUTOR: \_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

EXTENSION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEFAX NUMBERS: \_\_\_\_\_

(STREET) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

EMAIL ADDRESS: \_\_\_\_\_

**PATIENT NAME:**

**IMPORTANT:** Have you enclosed a legible summary of the clinical findings, laboratory data, operative findings or report, and specific treatment? Clinical or gross photos, pertinent X-rays, CT scans, MRI scans, echograms, angiograms, and similar diagnostic studies add substantially to the education value of the case and are highly desired.

**COMMENTS AND REQUESTS:****CONSULTATION MATRIX:****CVPath requirements:**

- Gross heart when available.
- Surgical biopsy material when available

**CVPATH RETENTION POLICY****- Microscopic slides are kept on permanent file.**

- Blocks are retained for a minimum of five years, unless their return is requested at the time a case is accessioned. Blocks on cases judged to have educational or research value may be retained indefinitely.

- Other pathologic material may be discarded when no longer used for education or research.

SIGNATURE OF CONTRIBUTOR: (Required)

DATE

**PRIVACY ACT STATEMENT**

1. PURPOSE: Medical information received is considered during the consultative process and is used to form a data base for education and research in pathology. Other patient information is used for filing and retrieval of consultation records. Information concerning the contributor is used to maintain contributor mailing lists.
2. ROUTINE USES:
  - a. Pathology consultation files are used to provide a data base for medical research and statistical purposes, and when required by law or for other official purposes, individual records may be released to the referring physician, to physicians treating the individual, to qualified medical researchers and student.
  - b. Pathology contributor mailing list/files are used to publicize changes in policies and procedures pertaining to requests for consultative services and to disseminate information pertaining to continuing medical education courses or educational material available at CVPath Institute Inc..
3. NATURE OF DISCLOSURE: Disclosure of the requested information is purely voluntary. If the information is not furnished, consultation may not be possible and materials may be returned without review.

**Please send all submitted material together. Address the material to:**

CVPath Institute Inc.  
 19 Firstfield Road • Gaithersburg, MD 20878  
 Main: 301.208.3570 • Fax: 301.208.3745  
 Email: info@cvpath.org

**TO BE FILLED BY CVPATH****RECEIVED DATE:****SIGNATURE (CVPATH PERSONNEL):****CAP NUMBER ASSIGNED:**