Consult Request Form

Attn: PRW Laboratories
2331 Seminole Ln, Suite 102
Charlottesville, Va 22901
Ph (434) 244-0162
Fx (434) 244-0153

Contributor Information:

Facility _____ Date of request _____
Physician Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Contact Email _____

Patient Information:

First Name _____ Last Name _____
DOB _____ Age _____ Sex: ☐ M ☐ F SSN (if available) _____
Address _____ Phone _____
City _____ State _____ Zip _____ Chart _____

Materials Submitted (check all that apply)**:**

☐ Clinical Information
☐ Surgical Path Report
☐ Slides (#) _____
☐ Blocks (#) _____
☐ Formalin Fixed (wet tissue) _____
☐ X-rays _____
☐ Photos _____
☐ Other _____

Fixative:

☐ Formalin
☐ Other _____

Case Identification:

Biopsy Site or Organ _____ Date Collected _____
Contributor's Accession #(s) _____

Patient Clinical History:

Contributors Working Diagnosis:

Reason for consultation/specific questions:

Billing Information (Please check the responsible party and provide the following information)**:**

☐ Patient (or gaurdian)
☐ Physician's Office
☐ Pathology Group Practice
☐ Hospital
☐ Corporate Laboratory
☐ Other _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Insurance Company _____ Policy Name _____
Policy # _____ Group # _____
Policy Holder _____ Relationship to Patient _____
Insurance Company Address _____
City _____ State _____ Zip _____
Insurance Company Phone _____

Referring Physician's Office: Please send this request form and a signed/dated patient release authorization form to the pathology laboratory rendering the diagnosis.
Pathology Laboratory: Please submit slide(s) and report(s) to PRW Laboratories (mailing address at top of form).