



Surgical Pathology Consultation Request

Johns Hopkins Medical Laboratories
1620 McElderry Street
Reed Hall Room 315
Baltimore, MD 21205
Phone: 410-955-2405

Patient Information (please complete all fields)									
Last Name		First Name			M.I.	Gender		Date of Birth	
SSN	Street Address		City	State	Zip Code	Country	Email Address		
All HMO and Medicare Advantage Plans require pre-authorization. Johns Hopkins Pathology Consultation Service <u>only</u> accepts Medicaid/MCO from the State of Maryland. If insurance information is incomplete, the requesting institution will be billed.									
Send bill to (please select one):									
<input type="checkbox"/> Institution <input type="checkbox"/> Patient Bill Insurance (Include copy of insurance card) <input type="checkbox"/> Patient Self Pay (Bill will be mailed)									
Primary Insurance			Group Number		Policy Number		Effective Date		
Address			City	State	Zip	Phone Number			
Name of Policy Holder				Relationship to Patient					
Secondary Insurance			Group Number		Policy Number		Effective Date		
Address			City	State	Zip	Phone Number			
Name of Policy Holder				Relationship to Patient					
Ordering Physician/Institution Information									
Name of Requesting Provider				NPI #		Phone Number		Fax Number	
Name of Submitting Institution				Phone Number			Fax Number		
Street Address			City	State	Zip Code	Country			
Name of Additional Physician to receive copy of report					Phone Number		Fax Number		
Clinical/Specimen Information: (section to be completed by sending institution)									
Specimen Collection Date		Case Number(s)/Specimen ID			Specimen Type/Source				
Materials Sent: (number of slides and blocks)				Preferred Johns Hopkins Pathologist (if known)					
_____				_____					
_____				_____					
Clinical History:									