



Surgical Pathology Consultation Request

Johns Hopkins Medical Laboratories
550 N. Broadway
8th Floor, Room 810
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 only accepts Medicaid/MCO from the State of Maryland. If insurance information is incomplete, the requesting institution will be billed.

Requested by (please select one):

☐ Pathologist ☐ Clinician ☐ Patient Bill Insurance ☐ Patient Self Pay

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)
<hr/>		<hr/>
<hr/>		<hr/>

Clinical History: