

JHML SURGICAL PATHOLOGY CONSULTATION Patient Demographic and Billing Form

Please fill out the information below, print these 3 pages and mail it with the specimen to the address below:

The Johns Hopkins Medical Institutions Department of Pathology ATTN: Surgical Pathology – Renal 600 N. Wolfe Street Pathology Bldg, Room 700 Baltimore, MD 21287 Phone: 410-502-7260

Patient Information

Name (Last, First M.):				
Address:		City:		
State:	Country:	Zip Code:		
Phone:	Fax:	E-Mail:		
SSN:	Date of Birth:	Sex:		

NOTE: Billing is primarily to institution.

Bill Institution

Bill patient's primary insurance. Medicare patients, please list secondary insurance.

Company:		Phone	e:	
Address:		Name of Insured:		
Address of insured:				
Policy Number:	Group Number:			Effective Date:
Referring Physician NPI#:	Fax:	E	E-Mail:	



JHML SURGICAL PATHOLOGY CONSULTATION Physician/Pathologist Contact Form and Specimen Information

CLIA License #21D0709511	State of Maryland License #471
JH location code: 86SUR	JHH Acct #:

Consult requested by: Please mark one:

Name:	Phone:	NPI#
Name:	Phone:	NPI#

INSERT INSTITUTION NAME AND ADDRESS HERE:

PHYSICIAN AUTHORIZED SIGNATURE: _____

COLLECTION DATE: _____

MATERIAL SUBMITTED:

Heart Biopsy Tissue in cold Michel's (or Zeus) solution

Other:

Submitted materials will not be returned.



JHML SURGICAL PATHOLOGY CONSULTATION Clinical Information Form

Patient Clinical History:

Date of heart transplantation:		Or, years since transplantation:			
History of AMR?	Yes	No			
Current clinician conce	rn for AMR?		Yes	No	
Increase in donor spec	ific antibodies?		Yes	No	Unknown

Other:

Specific questions to be addressed:

When sending a specimen, please alert Dr. Marc Halushka (<u>mhalush1@jhmi.</u>edu), Dr. Charles Steenbergen (<u>csteenb1@jhmi.</u>edu), and lab manager <u>criver23@jhmi.edu</u>.