London Health Sciences Centre

St JOSEPH'S HEALTH CARE LONDON

Pathology and Laboratory Medicine

Pathology Consultation Service - Request for Case Review

For requests from LHSC physicians:
Fax this form to the outside pathology department and to UH Pathology & Laboratory Medicine

Patient's name: _____ DOB: _____

Health Card (OHIP) #: _____ LHSC PIN: *(if known)* _____

Originating institution: _____

Originating pathology case accession number(s) (if known): _____

Subspecialty / disease site team you are consulting: _____

State specific question(s) for the consultant pathologist: _____

_____

_____

_____

For MCC rounds: YES NO

Consultation requested by: ☐ Referring institution physician name: _____

☐ LHSC physician name: _____

MATERIAL SUBMITTED (FOR OUTSIDE PATHOLOGY DEPARTMENT ONLY):

List of case numbers: _____

Total # slides: _____

Total # blocks: _____

Please send only pertinent slides ± blocks, not the entire case, unless relevant.

Send material to:

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