THE NEW YORK PRESBYTERIAN HOSPITAL – WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY

DEPARTMENT OF PATHOLOGY
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Hematopathology Consultation Request

Patient's Name (family, first, middle initial) :			Date of Birth:
Gender:	Social Security #	Surgical Pathology #	Tissue/Organ Excised:

Material Submitted:					Date Submitted:
# of Slides	# of Blocks:	Fresh Tissue:	Cells/ml:	Frozen Tissue:	

Clinical History

Diagnostic Services Requested

- ☐ Diagnosis on submitted slides
- ☐ Recuts and immunophenotyping
- ☐ Flow cytometric phenotyping
- ☐ Antigen recptor gene (JH, Jk, TCR-γ, TCR-β)
- ☐ Chromosomal Translocations (bcl-1, bcl-2, bcr/abl/CML, bcr/abl/ALL, PML-RARa)
- ☐ Viruses (EBV, KSHV, HTLV-I)

Contributor's Information:	Billing Information: *
Name:	Insured Party:
Institution:	Address:
Address:	
	Tel #:
Tel #:	Insurance
Fax #:	Policy #:

*Bill will be directed to the contributor if information is incomplete

IP# :