ADVANCED
UROPATHOLOGY
Center of New York
Global Consultation Services
700 Stewart Avenue, Suite 101, Garden City, New York 11530

CONSULTATION SERVICES ACCOUNT REGISTRATION FORM

NAME OF ORGANIZATION:

NAME OF MAIN CUSTOMER CONTACT:

EMAIL OF MAIN CUSTOMER CONTACT:

ADDRESS TO RETURN MATERIAL:

PHONE NUMBER:

FAX NUMBER TO RECEIVE REPORT:

LIST OF NAMES OF REFERRING PROVIDERS:

ADVANCED UROPATHOLOGY OF NEW YORK
Global Consultation Services

UROPATHOLOGY CONSULTATION REQUEST FORM

700 Stewart Avenue, Ste 101
Garden City, New York 11530
pathconsult@imppllc.com
P: 516-200-3773
F: 516-200-3899

PATIENT INFORMATION (Please complete all sections)					
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	GENDER	SSN
STREET ADDRESS	CITY		STATE		ZIP
EMAIL ADDRESS					

ORDERING PHYSICIAN OR ORDERING INSTITUTION			
REQUESTING PHYSICIAN	NPI #	PHONE	FAX
SUBMITTING INSTITUTION		PHONE	FAX
ADDRESS	CITY	STATE	ZIP
NAME OF ADDITIONAL PHYSICIAN TO RECEIVE THIS REPORT		PHONE	FAX

SECTION TO BE COMPLETED BY SUBMITTING INSTITUTION

CLINICAL/SPECIMEN INFORMATION

CLINICAL HISTORY

SPECIMEN COLLECTION DATE	CASE NUMBER/SPECIMEN ID	SPECIMEN TYPE/SOURCE

MATERIALS SENT (Number of slides and blocks)

Please Note: All consultation requests must be submitted by the patient's provider or medical institution. At this time, individual patients cannot submit requests directly. However, results will be shared with the patient upon request.