PLEASE PRINT

UNIVERSITY OF PITTSBURGH MEDICAL CENTER
REQUEST FOR ANATOMIC PATHOLOGY CONSULTATION

UPMC LIFE CHANGING MEDICINE

IF REQUIRED FIELDS ARE NOT PROVIDED, TESTING MAY BE DELAYED

Patient Information *Complete All Fields*

Last Name	First Name	M.I.	SSN

Street Address	City	State	Zip
Note: The submitting institution is responsible for payment of services and insurance will not be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to referring client.	DOB	Sex	Phone

Collection/Reporting Information *Complete all Fields*

Requesting Clinician: Last Name	First Name

Clinician Phone #	Fax Number

Copy to: Pathologist Name	Pathologist Phone:	Pathologist Fax:

Institution Name & Address	Street	City	State	Zip

Date Specimen Collected	Institution Phone #	Fax

Specific issue or question requiring the consultation: _____

_____

Clinical History or relevant clinical information: _____

_____

Specimen(s): Outside case #(s): _____ Prepared slides (#)*: _____

**Recut slides preferred to allow for retention by UPMC Faculty.*

Unstained Slides(#)_____ Blocks (#) & Description: _____

***Blocks are preferred.*

Anatomic Pathology Consultation Request: *Must check one for testing to occur. Attach original pathology report from your institution!*

☐ Complete formal consultation: Designated Pathologist (optional; see reverse side):_____

_____

☐ FISH testing (see reverse) _____

☐ Stains only (IHC, special, etc.) no interpretation (mail to Presbyterian):_____

☐ Stains (IHC, special, etc.) with interpretation (mail to Presbyterian):_____

☐ Other, specify:_____

☐ Pediatric Acetylcholinesterase testing please call UPMC Children's Hospital at 412-692-5650

☐ Molecular tests on solid tumors **MSA REQUIRED** (See reverse side; mail to Presbyterian)

Physician Signature and Consent

Billing Disclaimer – All fees are billed directly to the submitting institution. If molecular testing is being requested, a signed MSA is required from the submitting institution.

My signature certifies that I have determined that the test(s) being ordered is medically necessary for the patient, certifies that the results of this test will inform the patient's ongoing treatment plan, and certifies that I am the patient's treating physician. I acknowledge that payment for any additional testing that is completed will be the responsibility of my institution if not covered by patient insurance.

_____ _____ _____

Treating Physician Signature **Printed Name (*Full Legal Name*)** **Date (*MM/DD/YYYY*)**

All consultations should be mailed or sent by courier to (See below for pathologist location):

UPMC Presbyterian
Consultation Services
Clinical Lab Building
1st Floor, Room 1011
3477 Euler Way
Pittsburgh, PA 15213
T: 412-647-8275
F: 412-647-0221

UPMC Shadyside Hospital
Dept. of Pathology
Consultation Services
Room WG02
5230 Centre Avenue
Pittsburgh, PA 15232
T: 412-623-2318
F: 412-682-6450

Magee-Womens Hospital of UPMC
Dept. of Pathology
Consultation Services
Room 4105
300 Halket Street
Pittsburgh, PA 15213
T: 412-641-4641
F: 412-641-6169

UPMC Montefiore Hospital
Dept. of Transplantation
Consultation Services
Attn: Selene Douglass
Room E-733
3459 Fifth Ave
Pittsburgh, PA 15213
T: 412-647-7645
F: 412-647-5237

UPMC St. Margaret
Dept. of Pathology
Consultation Services
815 Freeport Road
Pittsburgh, PA 15215
T: 412-784-4130
F: 412-784-4985

UPMC Presbyterian Hospital
Division of Neuropathology
Consultation Services
Room S701 Scaife Hall
3550 Terrace Street
Pittsburgh, PA 15261
T: 412-624-9415
F: 412-624-5610

Children's Hospital
4401 Penn Avenue
B260
Dept. of Pathology
Pittsburgh, PA 15224
T: 412-692-5650
F: 412-692-6550

AUTOPSY/INFECTIOUS PATHOLOGY
Tanner Bartholow, MD
Gordon Handte, MD
UPMC Presbyterian: (412) 864-1470

BONE-SOFT TISSUE PATHOLOGY
Ivy John, MD
Rana Naous, MD
UPMC Shadyside: (412) 623-3038
Karen Schoedel, MD
UPMC Presbyterian: (412) 647-9575

BREAST/GYNECOLOGIC PATHOLOGY AND GYN- CYTOPATHOLOGY
Rohit Bhargava, MBBS
Beth Clark, MD
Esther Elishaev, MD
Jeffrey Fine, MD
Lakshmi Harinath, MD, MPH
Mirka Jones, MD
Terrell Jones, MD
Olga Navolotskaia MD
Thing Rinda Soong, MD, PhD, MPH
Tatiana Villatoro, MD
Jing Yu, MD, PhD
Chengquan Zhao, MD
UPMC Magee: (412) 641-4641

CYTOPATHOLOGY-NON-GYNECOLOGICAL
Zarine Kamaluddin, MD
Samer Khader, MD
Sigfred Lajara, MD
Rana Naous, MD
UPMC Shadyside: (412) 623-3765
Sheldon Bastacky, MD
N. Paul Ohori, MD
Lama Farhat, MD
Karen Schoedel, MD
UPMC Presbyterian: (412) 647-9843
Qian Wang, MD, PhD
UPMC Children's: (412) 692-5660

DERMATOPATHOLOGY/IF
Jagjit Singh, MD
UPMC St. Margaret: (412) 784-4130

ENDOCRINE PATHOLOGY
Diana Bell, MD
Simion Chiosea, MD
Yuri Nikiforov, MD, PhD
Robert Peel, MD
Raja Seethala, MD
UPMC Presbyterian: (412) 647-9051

EYE PATHOLOGY
Charleen Chu, MD, PhD
UPMC Presbyterian: (412) 383-5379

FISH STUDIES
Daniel Marker, MD, PhD
Raja Seethala, MD
UPMC Presbyterian: (412) 647-9051

GENITOURINARY PATHOLOGY
Rajiv Dhir, MD
Dimitrios Korentzelos, MD
Gabriela Quiroga-Garza, MD
UPMC Shadyside: (412) 623-3038
Sheldon Bastacky, MD
UPMC Presbyterian: (412) 647-9612

GI PATHOLOGY
Ibrahim Abukhiran, MBBS
Jon Davison, MD
Lama Farhat, MD
Akila Mansour, MD
C. Tolson Nichols, MD
Reetesh Pai, MD
Nuha Shaker, MD
Aatur Singhi, MD, PhD
UPMC Presbyterian: (412) 647-3720

HEAD AND NECK PATHOLOGY
Diana Bell, MD
Simion Chiosea, MD
Robert Peel, MD
Raja Seethala, MD
UPMC Presbyterian: (412) 647-9051

HEMATOPATHOLOGY
Nidhi Aggarwal, MD
Nathanael Bailey, MD
Katelynn Davis, MD
Majd Jawad, MD
Nana Matsumoto, MD
Sara Monaghan, MD
Erika Moore, MD
Hooman Rashidi, MD
Bryan Rea, MD
UPMC Presbyterian: (412) 864-6175

INFORMATICS
Matthew Hanna, MD
UPMC Shadyside: (412) 623-4481

KIDNEY/EM
Sheldon Bastacky, MD
UPMC Presbyterian: (412) 647-9612

TRANSPLANT AND HEPATIC PATHOLOGY
A. Jake Demetris, MD
Bassem Hendawy, MD
Nigar Khurram, MD
Marta Minervini, MD
Parmjeet Randhawa, MD
UPMC Montefiore: (412) 647-7645

MALIGNANT MELANOMA
Jagjit Singh, MD
UPMC St. Margaret: (412) 784-4130
Karen Schoedel, MD
UPMC Presbyterian: (412) 647-9575

NEUROPATHOLOGY
Julia Kofler, MD
Scott Kulich, MD, PhD
Daniel Marker, MD, PhD
Thomas Pearce, MD, PhD
UPMC Presbyterian: (412) 624-9415

PEDIATRIC PATHOLOGY/ HISTIOCYTIC DISORDERS
Catherine Gestrich, DO
Justin Kurtz, MD
Jennifer Picarsic, MD
Qian Wang, MD, PhD
UPMC Children's: (412) 692-5650

PERINATAL PATHOLOGY
Robert Bendon, MD
Kanika Goel, MD
Lauren Skvarca, MD, PhD
UPMC Magee: (412) 641-4651

PULMONARY AND MEDIASTINAL PATHOLOGY
Brittany Cody, DO
N. Paul Ohori, MD
UPMC Shadyside: (412) 623-4929

TUMOR CYTOGENETICS
UPMC Magee: (412) 641-4884

THORACIC PATHOLOGY
Brittany Cody, DO
N. Paul Ohori, MD
Gabriel Sica, MD
UPMC Shadyside: (412) 623-4929

UPMC PRESBYTERIAN SHADYSIDE
CLINICAL LABORATORY SERVICES AGREEMENT

This LABORATORY SERVICES AGREEMENT ("Agreement") is dated this____day of _____, (the "Effective D a t e") by and between UPMC Presbyterian Shadyside, a not-for-profit tax exempt Pennsylvania corporation, having a principal place of business at 200 Lothrop Street, Pittsburgh, PA 15213, acting in collaboration with affiliate University of Pittsburgh Physicians Department of Pathology, and the UPMC Clinical Lab Operations, collectively hereinafter "UPMC", and _____ ("Facility").

In consideration of the mutual covenants set forth herein, intending to be legally bound hereby, and for other good and valuable consideration, the parties hereto agree as follows:

1. **Services.** UPMC agrees to provide Services for Facility on an as-requested in writing basis and in accordance with all applicable federal, state and local laws, rules and regulations, as well as any applicable UPMC policies. Services shall include, but are not limited to, the tests and services set forth in Exhibit A as performed on patient samples (properly obtained with consent by Facility) to provide information for the diagnosis, preventions or treatment of a disease or medical condition. This Agreement may encompass payment of reference lab services previously provided at UPMC, where UPMC at the time of the services rendered was acting as a contract lab for the Facility.

   All such tests shall be conducted within the timeframes set forth in Exhibit A and on a quality, professional basis consistent with applicable industry standards. UPMC and its employees shall maintain all required licenses. UPMC shall maintain current Clinical Laboratory Improvement Amendments (CLIA) accreditation. UPMC will also hold licensing from the Pennsylvania Department of Health (PA DOH).

2. **Fees.** For Services rendered hereunder, UPMC will bill Facility, and Facility agrees to reimburse UPMC at the rate set forth on the fee schedule found in Exhibit B as the current fees to be charged to Facility for such Services. No tests or services will be priced or offered below the fair market value. UPMC's invoices are due and payable by Facility forty-five (45) days after receipt. All payments shall be remitted to UPMC at the following address:

UPMC Presbyterian Shadyside
P.O. Box 382007
Pittsburgh, PA 15250-8007

The Agreement begins on the date noted above (the "Effective Date") and continues until the full negotiated agreed payment in Exhibit B is received by UPMC.

3. **Service Orders.** Every specimen must be sent to the laboratory consistent with industry standards, commercial carriers, and with the appropriate test requisition form, and billing contact information. Information regarding the availability of requisition forms and specimen handling instructions may be obtained by contacting the consulting physician directly.

4. **UPMC Responsibilities**. UPMC will be available to accept delivery of Samples to be tested at UPMC's designated receiving office between the hours of 9:00 a.m. and 5:00 p.m., Monday through Friday. Upon completion of the Services, UPMC will send a final report ("Report") to Facility via facsimile. Report will include at least the following: patient name, date of birth, date of collection, accession number, date of report(s), and name of test, test result, an interpretation of the result, and laboratory name and address. Depending on the specific test selected by Facility, the turnaround time can range from 7 business days to 14 business days.

5. **Facility Responsibilities**. Facility will deliver patient specimen material to be tested ("Material") to UPMC's designated receiving laboratory between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday, in a manner in compliance with UPMC's requirements and applicable legal requirements for such transport, as amended from time to time. As between the Parties, Facility is solely responsible for transporting Materials between the Parties and protecting against any unauthorized disclosures of protected health information while the Material is in transit (regardless of whether transfer mode is electronic or otherwise).

6. **Facility's Patient Care Responsibilities**. Nothing in this Agreement shall relieve the Facility of its responsibilities for the care of its patients, including Facility's use of test results or any other information provided to Facility by UPMC pertaining to the Services. UPMC has no responsibility or liability whatsoever for the above.

7. **Governing Law**. This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania without regard to its conflicts of laws principles. This Agreement is the entire agreement between the Parties and supersedes any other oral or written communications, proposals, quotes, advertisements or understandings regarding the subject matter hereof. This Agreement may be amended only in writing, and only if signed prospectively by both authorized representatives of both Parties.

Facility agrees to and has executed this Agreement effective on the day and in the year first set forth above.

FACILITY

Dated: _____ By: _____

_____

Name and title of authorized signatory

EXHIBIT A

Services

Description of Services	
Description of services:	UPMC will perform pathology specimen consultations as requested by the University of Pittsburgh Physicians Department of Pathology and Facility as selected from the schedule of services listed at path.pitt.edu; samples will be received by UPMC and processed in the appropriate department and laboratory.
Materials & Delivery (incl. quantity):	Samples should be shipped to the following address: UPMC Presbyterian Hospital Dept. of Pathology Consultation Services Room C606 200 Lothrop St. Pittsburgh, PA 15213 P: 412-647-8275 F: 412-647-0221 All shipping costs are the responsibility of the requesting facility. UPMC will be available to accept delivery of samples to be tested at between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday in a manner in compliance with UPMC's requirements and applicable legal requirements for such transport, as amended from time to time. Specimens arriving after routine working hours will be held until the next business day.
Test Orders, Results and Delivery Times:	UPP/UPMC requires a completed paper pathology consultation requisition including: requesting physician information including fax number, requesting institution information, test(s) ordered, and patient demographic information. The pathology consultation requisition can be found at path.pitt.edu. Samples arriving without an accompanying requisition may be held until receipt of the requisition.
Additional Requirements (if any):	Not applicable

Facility Contacts:	**Operational Contact:**	**Business/Administrative Contact:**
UPMC Contacts:	**Operational Contact:**	**Business/Administrative Contact:** Rachel Wall, Director, Anatomic Pathology Clinical Labs Building, Room 9019 3477 Euler Way Pittsburgh, PA 15213 412-647-3934 wallrd@upmc.edu

EXHIBIT B

Consultative Service Charge Schedule

Compensation and Payment	
Test Rendered	Total Fee
For pricing and additional information regarding consultative medical services provided by the UPMC Division of Pathology, please refer to the schedule of services listed at www.path.pitt.edu	
Invoicing/Payment Schedule:	Payment shall be made in accordance with the terms of this Agreement. All invoices shall be submitted via paper to the Facility. • Invoice date (date of issue) • Invoice number • Date, description and quantity of services • Invoice amount and currency in U.S. Dollars UPMC and facility will agree on terms of payment – ACH, Wire, Check.