

## Second Opinion Pathology Request



Form: ANAT-OPIN-V1

ACCREDITED LABORATORY NUMBER: 2531

| A Medicare rebate is available for a second opinion on histopathology and cytopathology samples where both the original pathologist and specialist involved in the care of the patient are in agreement that a second opinion is reasonably required for confirmation of diagnosis and management planning. By releasing this case material for review, the initial pathologist agrees the above criteria are met.  PATIENT DETAILS: Family Name: Given Name: DOB: Address: Address: DOB: Age: Sex: Telephone: DIB: DIGIT MEDICARE NUMBER: CIGINAL PATHOLOGY LABORATORY: | REQUESTING CLINICIAN / PATHOLOGIST:         Name:  |
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| LAB ID/ACCESSION NO:<br>DATE OF COLLECTION:  |  |
| SPECIMEN TYPE/SITE:  |  |
| If an opinion is required from a specific pathologist, please<br>nominate:   | <ul> <li>PLEASE SEND:</li> <li>The original stained slides</li> <li>This form completed in full</li> <li>A copy of the original pathology report, in a padded bag to:</li> </ul> |
| *Please note: If unavailable, the case will be referred to<br>another appropriate pathologist within the department.<br>Is this second opinion required for MDM?   | THE DEPARTMENT OF ANATOMICAL PATHOLOGY<br>LEVEL 2, MAIN BUILDING A,<br>ST VINCENTS HOSPITAL<br>41 VICTORIA PARADE,<br>FITZROY VIC 3065<br>Ph: (03) 9231 4583 Fax: (03) 9231 4580 |
| A COPY OF THE SECOND OPINION WILL BE PROVIDED TO<br>BOTH THE REQUESTING CLINICIAN AND ORIGINAL<br>PATHLOGIST. CASE MATERIALS WILL BE PROMPTLY<br>RETURNED TO THE ORIGINAL LABORATORY.  | <u>Details of material provided:</u>   |