



Dermatopathology Consultation Request

UPP - Department of Dermatology, Dermatopathology Unit

580 S. Aiken Avenue (412) 623-2614
Pittsburgh, PA 15232 (412) 623-3417 FAX

Send To:
Dermatopathology Coordinator
UPMC Shadyside Place Dermatopathology
580 S. Aiken Avenue, Suite 510
Pittsburgh PA 15232

PATIENT INFORMATION – Complete ALL fields. Attach patient insurance/demographic information. PLEASE PRINT.				
Last Name		First Name	M.I.	SSN
Birth Date:	Gender:	Diagnosis:		
REPORTING INFORMATION – Complete all fields and attach the pathology report with gross description (even if incomplete)				
Requesting Physician Name		Phone #:	Fax #:	
Institution Name		Phone #:	Fax #:	
Copy to: Physician name		Phone #:	Fax #:	
ADDITIONAL CLINICAL HISTORY OR FINDINGS (not included on the report):				
TYPE OF SPECIMEN: Specify site and type of specimen: Time & Date specimen sent:				
IMMUNOFLUORESCENCE TESTING DESIRED: <input type="checkbox"/> Direct immunofluorescence (biopsy) – submit in Michel’s or Zeus’ fixative (transport media) <input type="checkbox"/> Indirect immunofluorescence (serum) <input type="checkbox"/> Other –				
SPECIAL TESTING REQUEST <input type="checkbox"/> Flow Cytometric Immunophenotypic Studies (Indicate any special requests) <input type="checkbox"/> Molecular Pathology Analysis				

Please indicate if a specific dermatopathologist is preferred:

- Drazen M. Jukic, MD, PhD
- Arash Radfar, MD, PhD
- Jonhan Ho, MD