

**UP Health System Marquette- A Duke Lifepoint Hospital**  
**Department of Pathology**

Phone:(906)449-3454

Fax:(906)232-3059

**Request for Second Opinion/Outside Facility Review**

Date:\_\_\_\_\_

**Patient Information:**

Name:\_\_\_\_\_

Specimen Source:\_\_\_\_\_

DOB:\_\_\_\_\_

Sex: F / M

Date of Service:\_\_\_\_\_

MRN:\_\_\_\_\_

UPHS-M Specimen Number(s):

ICD-10:\_\_\_\_\_

\_\_\_\_\_

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**Please Include a copy of Insurance Information**

**Slide Destintion:**

☐ Mayo Clinic Pathology  
Rochester MN

☐ University of Michigan Pathology (Mlabs)  
Ann Arbor MI

☐ Other (Must be Pathology Department)

Please provide complete address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of Requesting Physician

Date:\_\_\_\_\_

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Printed Name

NPI:\_\_\_\_\_

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Name of Requesting Department/Clinic

PHONE:\_\_\_\_\_

FAX:\_\_\_\_\_