



RPCI LABORATORIES
6420 Transit Rd, NY 14043
Phone: 716-845-4510
Fax: 716-681-0490

PATHOLOGY SECOND OPINION REQUISITION

Date: _____

Patient name: _____

Patient DOB: _____ Sex: _____

Original Laboratory: _____

Address: _____

Opinion requested by: _____

Contact Information: _____

Original Case number: _____

• Slides: _____
_____ Total: _____

• Blocks: _____ Total: _____

Original Case number: _____

• Slides: _____
_____ Total: _____

• Blocks: _____ Total: _____

NOTE: Please include with this consultation copies of the original pathology requisition, any prior pathology reports for these specimens, and patient demographic and insurance information.