

PLEASE PRINT

UNIVERSITY OF PITTSBURGH MEDICAL CENTER  
REQUEST FOR ANATOMIC PATHOLOGY CONSULTATION



Patient Information - Complete All Fields				
Last Name		First Name	M.I.	SSN
Street Address			City	State
Bill Submitting Institution <input type="checkbox"/> Bill Patient* <input type="checkbox"/> <i>*Note: Insurance information must be supplied if patient is to be billed. If payment is denied by the patient's insurance, you will be responsible for payment for services. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to referring client.</i>			DOB	Sex
Insurance Carrier	Policy #	Group #	Name of Policy Holder and relationship to patient	
Insurance Carrier Address		City		State
				Zip

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

Clinical History: \_\_\_\_\_

Pre-op Diagnosis \_\_\_\_\_ Post-op Diagnosis \_\_\_\_\_ Procedure \_\_\_\_\_

Specimen(s): Outside case #(s): \_\_\_\_\_

Prepared slides (#)\*: \_\_\_\_\_ Unstained Slides(#)\*\*: \_\_\_\_\_ Adhesive Used: \_\_\_\_\_

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

Blocks (#) & Description: \_\_\_\_\_ Fixative: \_\_\_\_\_

**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) \_\_\_\_\_

Immunoperoxidase stains only, no interpretation (mail to Presbyterian): \_\_\_\_\_

Immunoperoxidase stains with interpretation (mail to Presbyterian): \_\_\_\_\_

Special histochemical stains only (state individual stains; mail to Presbyterian): \_\_\_\_\_

Special histochemical stains and interpretation (state individual stains; mail to Presbyterian): \_\_\_\_\_

Other, specify: \_\_\_\_\_

Molecular tests on solid tumors (See reverse side; mail to Presbyterian): \_\_\_\_\_

**For Testing Use Only**

Secondary Patient Identification: \_\_\_\_\_ Demographics Sent? Yes  No

Requisition # \_\_\_\_\_ Date of Receipt: \_\_\_\_\_ Date forwarded to Pathologist (and tech initials) \_\_\_\_\_

**\*Note: All specialized testing (ordered without a consult) is billed directly to the submitting institution. Tests sent to the FISH/ISH Lab as well as molecular testing are not included and will be charged separately. If additional testing is being requested, a signed MSA is required from the submitting institution. Please see review and complete MSA (pages 3-9) prior to submission.**

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

UPMC –  
Presbyterian University Hospital  
Dept. of Pathology  
Consultation Services –  
Room C606  
200 Lothrop Street  
Pittsburgh, PA 15213-2582  
Telephone: 412-647-8275  
Fax: 412-647-0221

UPMC St. Margaret  
Department of Pathology  
Consultation Services –  
815 Freeport Road  
Pittsburgh, PA 15215  
Telephone: 412-784-4130  
Fax: 412-784-4985

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

UPMC Clinical Lab Building  
Division of Hematopathology  
Consultation Services –  
9<sup>th</sup> Floor, Room 9032  
3477 Euler Way  
Pittsburgh, PA 15213  
Telephone: 412-864-6175  
Fax: 412-864-1784

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

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

UPMC Montefiore  
Hospital  
Department of  
Transplantation  
Consultation Services –  
Room E-733  
3459 Fifth Avenue  
Pittsburgh, PA 15213  
Telephone: 412-647-7645  
Fax: 412-647-5237

Children's Hospital  
4401 Penn Avenue  
B260  
Dept. of Pathology  
Pittsburgh, PA 15224  
Telephone: 412-692-5650  
Fax: 412-692-6550

## **AUTOPSY/INFECTIOUS**

### **PATHOLOGY**

Tanner Bartholow, MD  
UPMC Presbyterian: (412) 647-1470

### **BONE-SOFT TISSUE PATHOLOGY**

Ivy John, MD  
Rana Naous, MD  
UPMC Shadyside: (412) 623-2318  
Karen Schoedel, MD  
UPMC Presbyterian: (412) 647-9575

## **BREAST/GYNECOLOGIC PATHOLOGY AND GYN- CYTOPATHOLOGY**

Rohit Bhargava, MBBS  
Gloria J. Carter, MD  
Beth Clark, MD  
Esther Elishaev, MD  
Jeffrey Fine, MD  
Lakshmi Harinath, MD  
Mirka Jones, MD  
Olga Navolotskaia MD  
Thing Rinda Soong, MD  
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) 647-3478

### **DERMATOPATHOLOGY/IF**

Jagjit Singh, MD  
UPMC St. Margaret: (412) 784-4000  
815 Freeport Road  
Pittsburgh, PA 15215

## **ENDOCRINE PATHOLOGY**

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) 647-9417

### **FISH STUDIES**

Raja Seethala, MD  
UPMC Presbyterian: (412) 647-9051

## **GENITOURINARY PATHOLOGY**

Rajiv Dhir, MD  
Gabriela Quiroga-Garza, MD  
UPMC Shadyside: (412) 623-2318  
Sheldon Bastacky, MD  
UPMC Presbyterian: (412) 647-9612

### **GI PATHOLOGY**

Phoenix Bell, MD  
Jon Davison, MD  
Lama Farhat, MD  
Douglas Hartman, MD  
Reetesh Pai, MD  
Aatur Singhi, MD  
Shula Schechter, MD  
UPMC Presbyterian: (412) 647-3720

## **HEAD AND NECK PATHOLOGY**

Simion Chiosea, MD  
Robert Peel, MD  
Raja Seethala, MD  
UPMC Presbyterian: (412) 647-3732

### **HEMATOPATHOLOGY**

Steven H. Swerdlow, MD  
Nidhi Aggarwal, MD  
Nathanael Bailey, MD  
Grant Bullock, MD, PhD  
Miroslav Djokic, MD  
Sara Monaghan, MD  
Erika Moore, MD  
Bryan Rea, MD  
Flavia G. Rosado, MD  
UPMC Presbyterian: (412) 647-5191

## **INFORMATICS**

Douglas Hartman, MD  
UPMC Presbyterian: (412) 647-3732

### **KIDNEY/EM**

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

## **LIVER, CARDIAC, AND TRANSPLANT PATHOLOGY**

A. Jake Demetris, MD  
Marta Minervini, MD  
Michael Nalesnik, MD  
Parmjeet Randhawa, MD  
UPMC Presbyterian: (412) 647-7645

### **MALIGNANT MELANOMA**

Jagjit Singh, MD  
UPMC St. Margaret: (412) 784-4000  
815 Freeport Road  
Pittsburgh, PA 15215

Karen Schoedel, MD  
UPMC Presbyterian: (412) 647-9575

### **NEUROPATHOLOGY**

Clayton Wiley, MD, PhD  
Julia Kofler, MD  
Thomas Pearce, MD, PhD  
UPMC Presbyterian: (412) 647-9415

### **PERINATAL PATHOLOGY**

Stefan Kostadinov, MD  
Lauren Skvarca, MD  
UPMC Magee: (412) 641-3708

### **PULMONARY AND MEDIASTINAL PATHOLOGY**

Brittany Cody, DO  
N. Paul Ohori, MD  
Omid Savari, MD  
UPMC Presbyterian: (412) 647-6193

### **TUMOR CYTOGENETICS**

UPMC Magee: (412) 641-4267

**UPMC Presbyterian Shadyside  
Clinical Laboratory Services Agreement**

This LABORATORY SERVICES AGREEMENT (“Agreement”) is dated this \_\_\_ day of \_\_\_\_\_, 2022 (the “Effective Date”) by and between UPMC Presbyterian Shadyside, a nonprofit 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 Molecular Genomics Pathology Laboratory “MGP”, collectively hereinafter “UPMC “and “MGP”, 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.** MGP 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 as noted on and selected by Facility from the MGP website ([www.mgp.upmc.com](http://www.mgp.upmc.com)) as performed on patient samples (properly obtained with consent by Facility) to provide information for the diagnosis, prevention or treatment of a disease or medical condition. This Agreement may encompass payment of reference lab services previously provided at MGP, where MGP at the time of the services rendered was acting as a contract lab for Facility.

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

2. **Fees.** For Services rendered hereunder, Facility agrees to reimburse MGP at the rate(s) acknowledged by Facility at the time of executing this agreement. Current test pricing must be obtained by contacting the UPMC Molecular & Genomics Pathology Laboratory at 1-844-MGPLABS (1-844-647-5227) prior to executing this agreement. No tests or services will be priced or offered below the fair market value. MGP will bill Facility via mailed invoice. MGP’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 MGP.

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 MGP at 1-844-MGPLABS (1-844-647-5227) or by visiting [www.mgp.upmc.com](http://www.mgp.upmc.com).
4. **MGP Responsibilities.** MGP will be available to accept delivery of Samples to be tested at MGP’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, MGP 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 MGP’s designated receiving laboratory between the hours of 9:00 a.m. and 5:00 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 MGP pertaining to the Services. UPMC/MGP 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.

Dated: \_\_\_\_\_

FACILITY

By: \_\_\_\_\_

\_\_\_\_\_  
Name and title of authorized signatory

**UPMC PRESBYTERIAN SHADYSIDE CLINICAL LABORATORY SERVICES  
AGREEMENT AMENDMENT**

**Section 5. Facility Responsibilities** is hereby immediately amended to include the following:

Medicare DOS Policy Pub. 100-04; Chapter 16; Section 40.8, mandates molecular pathology testing fitting the criteria with a date-of-service after January 1, 2019 to be billed by the performing laboratory. To assure compliance, UPMC requires and Facility agrees to provide UPMC at the time of the test request submission to UPMC with all appropriate and accurate patient information that meets the Medicare billing criteria, as UPMC will not have direct access to Facility patient records, as set forth below and otherwise referenced in this Amendment and the above referenced Medicare policy.

Facility must provide the following information with complete accuracy **at time the patient specimen is submitted** to UPMC for requested lab testing:

1. Facility will complete timely, accurately and legibly UPMC intake form Exhibit C1 accompanying specimen for testing if patient's insurance is Medicare Fee for Service (FFS).
  - a. If Medicare FFS, Facility will provide insurance information to UPMC.
  - b. All other patient specimens will continue to be submitted and processed consistent with past practice under this Agreement.  
Per the CMS Policy, UPMC will register the specimen into UPMC laboratory and revenue cycle system processing systems upon receipt of specimen and accurately completed Exhibit C1 intake form from Facility. Failure by Facility to properly provide UPMC with the accurately completed intake form will result in testing delays and/or financial responsibility of Facility.
2. Facility agrees to include in-take form required information below to allow UPMC to properly code the patient account after specimen processing:
  - a. Medical indication/diagnosis for testing in the form of ICD-10 code or description. This must be provided before specimen is processed and be clearly indicated on UPMC intake form and;
  - b. Specimen pathology report.

As outlined above, appropriate patient orders will include a valid diagnosis that meets Medicare's medical necessary guidance for approved test. Medicare medical necessity guidance is available on Medicare's website. Failure to provide will delay testing and/or result in financial responsibility of Facility.

**Section 7. Fees** is hereby immediately amended to include the following:

For testing that complies with the Medicare DOS policy (referenced above) and payment is denied by CMS, Facility will be financially responsible for the services rendered by UPMC at the then current contracted rate.

All other terms and conditions of this Agreement remain in full force and effect.

**EXHIBIT A1**

**Services – MGP**

<b>Description of Services</b>	
<b>Description of services:</b>	UPMC will perform tests (selected from Exhibit B1 Lab Service Charge Schedule – MGP) as requested by Facility as selected from schedule of services listed at www.mgp.upmc.com; samples will be processed and sequenced in the UPMC Molecular & Genomic Pathology CLIA lab (MGP).
<b>Materials &amp; Delivery (incl. quantity):</b>	<p>Samples should be shipped to MGP at the following address:</p> <p style="padding-left: 40px;">UPMC Molecular and Genomic Pathology Clinical Laboratory Building Room 8026 3477 Euler Way Pittsburgh, PA 15213 USA</p> <p><b>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 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.</b></p>
<b>Test Orders, Results and Delivery Times:</b>	<p>MGP requires a completed paper requisition with patient demographics, requesting physician information, requesting institution information, and test ordered.</p> <ul style="list-style-type: none"> <li>• <b>A cytology, endoscopy or surgical pathology report must accompany all specimens</b></li> </ul> <p>Samples without reconciliation issues shall achieve a maximum TAT of 14 calendar days. For samples with reconciliation issues, UPP shall notify the appropriate contacts to resolve queries in a timely manner. TATs shall include successful sample reconciliation, pathology review, sample processing, analysis, and reporting.</p> <p>Results will be faxed to the number associated with the institutional account upon pathologist sign-out.</p> <p>MGP may utilize a password protected, encrypted electronic portal for accessioning of new test requests as well as delivery of results. Final report will be made available electronically via the MGP Portal login.</p>
<b>Additional Requirements (if any):</b>	Not applicable

<p><b>Customer Contacts:</b></p>	<p><b><u>Operational Contact:</u></b>  <u>To Be Provided:</u></p>	<p><b><u>Business/Administrative Contact:</u></b>  <u>To be Provided:</u></p>
<p><b>UPMC Contacts:</b></p>	<p><b><u>Operational Contact:</u></b>  Catherine Burnes, MLS(ASCP)<sup>CM</sup>,  Lab Manager  Molecular &amp; Genomic Pathology  Clinical Laboratory Building  3477 Euler Way  Pittsburgh, PA 15213,  USA 1+412-647-1236  pazsintl@upmc.edu</p>	<p><b><u>Business/Administrative Contact:</u></b>  Brian Rudolph, Executive  Administrator, MHA/MBA  Molecular &amp; Genomic Pathology  Biomedical Science Tower, Room  S-419 200 Lothrop Street  Pittsburgh, PA 15213,  USA Tel : 1+412-  648-9550  rudolphb@upmc.edu</p>

**EXHIBIT B1**

**Lab Service Charge Schedule**

<b>Compensation and Payment</b>	
Test Rendered	Total Fee
22100356 GlioSeq®	\$1,625.00
22100070 Oncomine	\$3,345.00
22100229 Methylation	\$636.80
22100073 Methyl Panel Array	\$636.80
22107634 PancreaSeq®	\$750.00
22107767 BiliSeq	\$1,150.00
For test that are offered by UPMC Presbyterian Shadyside Clinical Laboratory but are not defined within this exhibit, the standard rate of hospital charge – 20% discount would apply	
<b>Invoicing/Payment Schedule:</b>	Payment shall be made in accordance with the terms of this Agreement.  All invoices shall be submitted via paper to the Facility.  <ul style="list-style-type: none"><li>• Invoice date (date of issue)</li><li>• Invoice number</li><li>• Date, description, and quantity of services</li><li>• Invoice amount and currency in U.S. Dollars</li></ul> UPMC and facility will agree on terms of payment – ACH, Wire, Check.



**EXHIBIT B2**

**Consultative Service Charge Schedule**

<b>Compensation and Payment</b>	
Test Rendered	Total Fee
For pricing and additional information regarding consultative medical services provided by UPMC, please refer to the schedule of services listed at <a href="http://www.path.upmc.edu">www.path.upmc.edu</a>	
<b>Invoicing/Payment Schedule:</b>	<p>Payment shall be made in accordance with the terms of this Agreement.</p> <p>All invoices shall be submitted via paper to the Facility.</p> <ul style="list-style-type: none"><li>• Invoice date (date of issue)</li><li>• Invoice number</li><li>• Date, description, and quantity of services</li><li>• Invoice amount and currency in U.S. Dollars</li></ul> <p>UPMC and facility will agree on terms of payment – ACH, Wire, Check.</p>