



info@breastpathologyconsults.com

Contract for Pathology Review

Seattle Breast Pathology Consultants, LLC will perform a formal review of your submitted breast pathology slides and pathology report, including any associated “special stains” performed by the originating institution. A comprehensive full pathology report will be issued to you and to your treating physicians if requested.

For information on how to send your pathology material to us, please go to:
www.breastpathologyconsults.com/secondopinions/ourprocess.html

Patient Information

PLEASE PRINT LEGIBLY

NAME: _____ DOB: / / _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

OPTIONAL ↓ Physicians to receive copies of report (if additional space is needed please send additional physicians’ information on a separate sheet). In compliance with Washington’s UHCIA, and HIPAA (<http://www.breastpathologyconsults.com/about/hippa-uhcia.html>), no health care information will be provided without your express authorization and the following information:

NAME OF PHYSICIAN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

Upon completion, I specifically authorize Seattle Breast Pathology Consultants, LLC to provide a copy of its pathology report based on my slide review, to the above named physician(s).

SIGNED: _____ DATED: / / _____

Payment Information

Please email us at: info@breastpathologyconsults.com, to arrange payment.

In the event that a dispute should arise pertaining to the services requested and the report provided, by submitting this contract and making payment, you agree that any such dispute shall only be addressed in King County, Washington, and that only Washington law shall apply.