

Date: [Date]

To: [Consulting Pathologist/Institution Name]

Department: [Department Name]

Address: [Street Address, City, State, Zip Code]

RE: Request for Second Opinion Pathology Review

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Accession Number: [Original Accession Number]

Dear Dr. [Pathologist Last Name],

I am writing to request a formal second opinion consultation regarding the pathology results for the above-mentioned patient. A preliminary diagnosis of [Type of Malignancy] was rendered at our facility on [Date of Initial Report].

In order to coordinate treatment planning and confirm the definitive diagnosis, please review the following materials which have been enclosed/forwarded:

- Original pathology report
- [Number] representative H&E stained slides
- [Number] unstained slides for potential IHC/molecular testing
- Paraffin block(s) numbered: [Block Numbers]
- Relevant clinical history and imaging summaries

Specifically, we seek your expert opinion on [specific concern, e.g., margin status, histological grade, or molecular markers].

Please forward the final consultation report to my office via fax at [Fax Number] or via secure electronic portal. If you require additional clinical information or materials, please contact my office at [Phone Number].

Thank you for your assistance with this patient's care.

Sincerely,

[Your Name, MD/DO]

[Your Title]

[Facility Name]

[Contact Information]