Endocrine Oncology Program
Multidisciplinary Thyroid and Adrenal Clinics
5Bo4 Cancer Center
Spc5423
300 North Ingalls Street
Ann Arbor, MI 48109
M-LINE: 800-962-3555
Fax: (734) 232-4978

Dear Colleague:

Thank you for referring your patient to the University of Michigan Comprehensive Cancer Center's Endocrine Oncology Program. We value our relationship with you and appreciate your confidence in our service and staff.

It is our goal to provide your patient with the highest quality of care in the most efficient manner. To expedite the referral process, we would appreciate your assistance in providing us with the following information:

Please Note: this information will be reviewed by pathologists and radiologists that specialize in diseases of the adrenal gland. This review process will accrue a charge that will be billed to the patient's insurance company. ***If the insurance company denies the charge, the patient will be responsible for the cost.***

✓	What is Needed?	How to Send?
	• First visit and Most Recent Doctor's notes • First visit and most recent lab work • Pre- operative and last two most recent radiology reports • Pathology reports • Operative notes/Radiation TX plans & Doses	Fax to 734-232-4978
	All pathology slides from biopsies and resections	UPS or Fed Ex*
	Representative paraffin tissue block OR 10 unstained slides from a representative block	UPS or Fed Ex*
	Pre-operative and most recent radiology films (Please send CD's in DICOM format)	UPS or Fed Ex*

*Using UPS or Fed Ex is the preferred method for sending your slides and radiology films so that a tracking number is available if items are not received. If you would prefer to us the US Postal Service mail to:

University of Michigan Comprehensive Cancer Center
ATTN: Endocrine/Thyroid Oncology Program Scheduler
5Bo4 Cancer Center
Spc5423
300 North Ingalls Street
Ann Arbor, MI 48109

If patient has received treatment for Adrenal Cancer or have a diagnosis of an adrenal mass, you will need the following labs completed before an appointment can be made. You can order these labs or a lab order can be provided for you by our office.

Adrenal Labs Needed: ☐ ACTH ☐ Serum Cortisol ☐ Renin ☐ Aldosterone
☐ Plasma Free Metanephrines ☐ 24 Hour Urine Collection/Free Cortisol

Thyroid Labs Needed: ☐ TSH ☐ T3 ☐ T4

Once the medical documentation has been reviewed, we will contact the patient by telephone to schedule an appointment. Again, we greatly appreciate your confidence in referring your patient to our service. If you have any questions or need assistance, please feel free to contact Melanie Hamilton, Endocrine Oncology Clinic Coordinator, via M-LINE at 800-962-3555.

Cordially,

Gary Hammer, M.D., Ph.D.
Director, Endocrine Oncology Program

University of Michigan Health System

Outpatient Consult Request

Questions? Contact M-LINE at 800-962-3555

Fax completed form **directly to the clinic fax number provided**

To	Referred to:_____ (Specialty Clinic or Service) Physician Name / Location _____ (Optional)
From	Referring Physician: _____ (Please Print) Office Name:_____ Office Contact: _____ Phone#: (____)_____ Fax#: (_____)_____ E-Mail Address: _____
PCP (If different from Referring)	Physician Name:_____ (Please Print) Office Name:_____ Office Contact: _____ Phone#: (____)_____ Fax#: (_____)_____ E-Mail Address: _____
Patient Information	Name: Last_____ (Please Print) First_____ (Please Print) UMHS Registration # (if available): _____ Gender: ☐ M ☐ F DOB: _____ Telephone: Home (____)_____ Work: (____)_____Other: (____)_____ Address:_____ City:_____ State:_____ Zip:_____
Other Contact Information (if applicable)	Mother's Name:_____ Father's Name:_____ Other (please explain):_____ Telephone: Home(____)_____ Work: (____)_____Other: (____)_____
Insurance Information	Insurance: _____ ☐ HMO ☐ PPO ☐ POS ☐ Traditional ☐ Medicare ☐ None Medicaid: ☐ HMO ☐ Other Medicaid Insurance Plan: _____ Auto Accident? ☐ Y ☐ N Date of Injury _____ Work Comp? ☐ Y ☐ N Date of Injury _____
Diagnosis and Reason for Consult or Therapy	**UMHS Consult Request Guidelines** www.med.umich.edu/umconsults Appointment Requested: ☐ Next Available ☐ Within 2 weeks ☐ Within 1 week ☐ Other _____ Second Opinion? ☐ Yes ☐ No
Requesting Physician	**Physician Signature:** (Required for PT and diagnostic tests only) _____ (Signature) (Date)