

Practice Name: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

Patient information*

Collection date: _____ Time: _____ : _____ A.M./P.M.

Name (last, first, middle initial): _____ Sex: _____ Male _____ Female _____

Date of birth (MM/DD/YYYY): _____

Medical record/Patient ID#: _____

Billing information*

****You MUST include copies of the patient's demographics sheet and both sides of the patient's insurance card(s), along with any secondary insurance information (if applicable), with this requisition.****

Provider information

Ordering physician: _____

Ordering physician NPI #: _____

Phone: _____ Fax: _____

Pathologist: _____

Duplicate report sent to: _____

Phone #: _____ Fax #: _____

Clinical information for muscle/nerve biopsies

Clinical question/Differential diagnosis (Attach clinical notes.):

Biopsy site: _____

Weakness: Proximal Distal

Illness duration: Acute Chronic

Immunosuppressive treatment administered to the patient prior to

biopsy (e.g. steroids)?: Yes No

Results of nerve conduction/EMG studies: _____

Referring **MUSCLE/NERVE DOCTOR** to contact with results?

Rush (Before sending any rush cases, call us at 352.265.9900 to provide contact details for the person who will receive the results.)

Name: _____

Phone #: _____ Fax #: _____

Clinical information for renal biopsies

Biopsy: Native Transplant

Clinical syndrome under evaluation (Check all that apply.):

Acute renal failure Chronic renal failure Proteinuria

Nephrotic syndrome Nephritic syndrome Hematuria (micro)

Rapidly progressive glomerulonephritis Hematuria (macro)

Diabetes Hypertension Drug history

Family history of renal disease

Transplant follow-up | Date of transplant: _____

Narrative history/Data (Provide clinical notes below.)

Relevant labs:

Serum creatinine (mg/dL): _____

Glomerular filtration rate (GFR): _____

Urine protein: _____

Hemoglobin A1c: _____

C3: Low Normal

C4: Low Normal

Designate if positive (P) or negative (N):

ANA: P N pANCA: P N cANCA: P N

Hep. B: P N Hep. C: P N dsDNA: P N

HIV: P N Cryo.: P N Anti-GBM: P N

Monoclonal protein serum: P N

Monoclonal protein urine: P N

Referring **KIDNEY DOCTOR** to contact with results?

Rush (Before sending any rush cases, call us at 352.265.9900 to provide contact details for the person who will receive the results.)

Name: _____

Phone #: _____ Fax #: _____

RENAL/MUSCLE/NERVE PATHOLOGY REQUISITION

<http://pathlabs.ufl.edu>



Instructions for Shipping Nerve Biopsies to University of Florida Health Pathology Laboratories

Important

1. Before shipping any nerve biopsies to UF Health Pathology Laboratories, our Client Services Department **must** be notified by calling **352.265.9900** or **888.375.LABS (5227)**
2. Instructions on how to correctly process nerve biopsy specimens are provided below. After packing your nerve specimens according to these guidelines, label the outside of all packages containing a nerve biopsy with **"NERVE BIOPSY."**
3. Confirmed arrangements **must** be made prior to shipping any nerve biopsies to UF Health Pathology Laboratories. **UF Health Pathology Laboratories accepts nerve specimens Monday through Saturday.**

FOR SPECIMENS DELIVERED TO UF HEALTH PATHOLOGY LABORATORIES ON SATURDAY:

Ensure that a Saturday FedEx delivery label (enclosed in the provided specimen kit) is used and that the specimen is shipped on Friday.

Specimens should be delivered to:

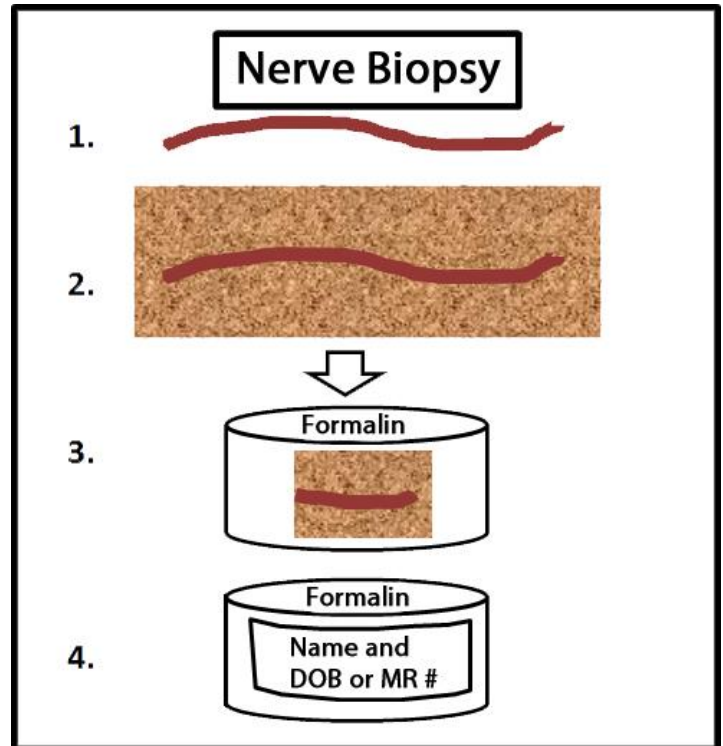
**UF Health Pathology Laboratories
Attn.: Accessioning
4800 SW 35th Drive
Gainesville, FL 32608**

4. **ACCURATE CLINICAL INFORMATION IS CRITICALLY IMPORTANT FOR THE INTERPRETATION OF NERVE BIOPSIES.**

Help UF Health Pathology Laboratories administer excellent and timely patient care by providing all relevant clinical information on the attached Clinical Information Form for Nerve Biopsies. Return the completed form to UF Health Pathology Laboratories with the submitted biopsy sample.

Instructions for Preparing and Shipping Nerve Biopsies to UF Health Pathology Laboratories

1. Immediately upon receipt of the specimen, gently lay it flat on a cardboard strip.
2. Let the nerve rest for about one minute, so it adheres to the cardboard.
3. **Leave the nerve specimen attached to the cardboard. This is an important step for fixation.**
4. Place the whole nerve specimen and cardboard into a formalin container.
5. Ensure that the specimen is labeled with at least two unique patient identifiers—typically the patient's name and date of birth or medical record number.
6. Package the specimen in the provided large protective container. Label the outside of the container with "NERVE BIOPSY."
7. **Complete the attached Clinical Information Form for Nerve Biopsies.**





Clinical Information Form for Nerve Biopsies

Name: _____ Age: _____ Gender: Male Female

CRITICALLY IMPORTANT REQUIRED INFORMATION:

List the name and contact information (if known) of the physician who ordered this nerve biopsy (**usually a neurologist, not the surgeon who performed the biopsy**).

Ordering physician: _____

Ordering physician's phone #(s): _____

If the below information is known, enter it below. Otherwise, attach a recent relevant clinical note to this form.

Clinical question/Differential diagnosis: _____

Site of biopsy (e.g. sural nerve): _____

Weakness (circle one.): Proximal Distal

Duration of illness (circle one.): Acute Chronic

Results of nerve conduction or EMG studies: _____

Immunosuppressive treatment administered to the patient prior to biopsy (e.g. steroids)?

Circle one: Yes No