



MGH Nerve Unit

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Patient Name:
DOB:
MRN:

**REQUISITION FOR MGH TO PERFORM SKIN-BIOPSY TEST FOR SMALL-FIBER
POLYNEUROPATHY**

Tell patients not registered at MGH they must phone 1-866-211-6588 to obtain an MGH number

Name of referring physician: _____ Provider UPIN _____

Clinical reason for requesting neurodiagnostic skin biopsy, and any other relevant information:

Indication for requesting biopsy: Small-fiber polyneuropathy Other _____

Any additional information? _____

Skin biopsies that you wish us to perform:

Standard lower-leg biopsy: One punch will be taken from above the right ankle to test for small-fiber polyneuropathy (PGP9.5 immunolabeling, morphology and morphometry).

Additional biopsy from the thigh: A 2nd punch will be removed from the thigh to test for non-length dependent neuropathy (PGP9.5 immunolabeling, morphology and morphometry).

Specify here if additional biopsies are needed _____

Are there any concerns for us to be aware of?

Specify here if the left leg rather than from the usual right leg should be biopsied.

Specify here if patient uses blood thinners (e.g., warfarin, heparin). Such patients can usually be biopsied safely without stopping anticoagulants, but please provide recent INR _____. Daily aspirin is OK.

Specify here if patient is allergic to latex or local anesthetics, or antibiotic ointments: _____

To submit this requisition:

Fax completed form to: 617-726-0473 and the patient will be telephoned to schedule their biopsy.

For questions call Heather Downs at 617-726-0260.

Biopsy reports appear in patients' MGH electronic medical record and are faxed to requesting physicians who are registered with MGH Pathology.