



Patient Name: _____
DOB: _____
MRN: _____

THIS WORKSHEET MUST ACCOMPANY SKIN BIOPSY

Patient Information: Sex: M F Patient Age: _____ Previous biopsies by us? Y N
Hispanic: Y N Race: Asian Caucasian Black Other _____
Indication for requesting biopsy: Small-fiber polyneuropathy Other _____
Any additional information? _____

Name of physician to whom report should be sent: _____

Affiliation: _____ Phone: _____

Address: _____ Fax: _____

Specimen(s) submitted:

Date of Biopsy: _____ Performed by: _____

Purpose of Biopsy: Clinical Research Study? Which _____

Type of Fixative: Zamboni's Other: _____ Size of punches: 3mm 2mm

First biopsy site:

- Standard distal leg (10 cm above lateral malleolus)
- Thigh (20 cm below iliac crest)
- Dorsum of Foot
- Other: _____

- Side of body: R L
- Side of body: R L
- Side of body: R L
- Side of body: R L

Second biopsy site (if applicable):

- Standard distal leg (10 cm above lateral malleolus)
- Thigh (20 cm below iliac crest)
- Dorsum of Foot
- Other: _____

- Side of body: R L
- Side of body: R L
- Side of body: R L
- Side of body: R L

FOR MGH LABORATORY USE:

MGH case # _____ Punch Biopsy #: _____

Technical Quality: Poor Fair Good Excellent Other _____

Biopsy A morphology: Abnormal Borderline Normal Comment: _____

Morphometry: Density: _____ Centile: _____

Biopsy B morphology: Abnormal Borderline Normal Comment: _____

Morphometry: Density: _____ Centile: _____

Pathologist: _____ Date of report: _____