



MGH Nerve Unit

Lab Director: Anne Louise Oaklander MD PhD
Lab Manager: Heather M. Downs BS
Phone (617) 726-0260

Patient Name:
DOB:
MRN:

TO REQUEST SKIN BIOPSY TEST FOR SMALL-FIBER NEUROPATHY

Offered at MGH in Boston and at Wentworth-Douglass in New Hampshire

Tell patients not registered at MGH to phone 1-866-211-6588 to be assigned an MGH number

Referring provider: _____ Provider UPIN _____

Information required for insurance reimbursement:

Indication for skin biopsy: Small-fiber polyneuropathy Other _____

Brief clinical history: _____

Prior EMG study, if yes where and when (if known): _____

Site you want biopsied:

- Standard lower-leg biopsy** One punch is taken from above the ankle to test for small-fiber polyneuropathy
- Additional thigh biopsy: A 2nd punch is removed from the thigh to test for non-length dependent neuropathy
- Specify here if the biopsy must be taken from one particular leg _____
- Specify here if other biopsies are needed _____
- Specify here for any studies other than PGP9.5 immunolabeling and morphometry: _____

Requested provider in Boston – fax to 617-726-0473

- No preference: we will call patient and offer all locations and providers
- Pediatric skin biopsy – all performed by Dr. Oaklander
- Anne Louise Oaklander MD PhD
- Khosro Farhad MD
- Jennifer R. Cheng, NP

Requested provider in New Hampshire – fax to 603-749-0973

- Khosro Farhad MD

Any concerns for us to be aware of:

- Specify here if patient uses blood thinners (e.g., warfarin, heparin). These patients can usually be biopsied 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: _____

Reports appear in the MGH electronic medical record and are faxed to requesting physicians who are registered with MGH Pathology. For questions call Heather Downs at 617-726-0260.