



MASSACHUSETTS
GENERAL HOSPITAL

MGH Nerve Unit

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

Patient Name: _____
DOB: _____
MGH MRN if known: _____

**REQUEST TO HAVE SKIN BIOPSY TEST FOR SMALL-FIBER NEUROPATHY
(SFN) PERFORMED AT MASS. GENERAL HOSPITAL**

FAX COMPLETED FORM TO 617-724-0895, PATIENT CALLS 617-643-8277 TO SCHEDULE

MGH medical number required before biopsy sent, if none have patient phone 1-866-211-6588 to obtain

Referring provider: _____ Phone number: _____

Adult Pediatric: Age _____

Information for insurance reimbursement

Medical Insurer and Policy number: _____

Prior Authorization number (biopsier must obtain if insurer requires): _____

Indication for skin biopsy: Small-fiber neuropathy Other _____

Brief clinical history: _____

Prior nerve conduction study? Results nondiagnostic or Neuropathy confirmed: _____

Site(s) to be biopsied

- Standard lower-leg:** One 3 mm punch from 10 cm above the ankle for distal small-fiber neuropathy
- Additional biopsy from upper thigh: Evaluates for proximal small-fiber neuropathy, increases sensitivity
- Additional biopsy from dorsum of the foot: Evaluates for very early or far-distal only small-fiber neuropathy
- Specify here biopsies must only be taken from right leg or left leg
- Specify here if requesting biopsy of non-standard site for other diagnosis _____

Special considerations

- Pre-apply EMLA cream for added concerns, e.g. for young children and special needs adults.
Specify reason: _____
- Patient is allergic to latex, or local anesthetics, or antibiotic ointments: _____
- Patient requires precautions for hemostasis, e.g., use of anticoagulants
- Schedule extra time, e.g., for cognitive or psychiatric concerns: _____

Pathology report will appear within 4 weeks in the MGH Epic record; simultaneously e-faxed only to outside clinicians registered with MGH Pathology; to register clinician, email completed form to

NerveUnit@mgh.harvard.edu.