REQUISITION FOR SKIN BIOPSY TEST FOR SMALL-FIBER NEUROPATHY (SFN)
Offered in Boston at Mass General and in New Hampshire

Patients must have MGH medical number (if not registered they should phone 1-866-211-6588 to register)
Referring provider:______________________________________________Phone number_________________

Skin biopsy at MGH in Boston – fax to 617-724-0895, then ask patient to call 617-643-8277 to schedule
☐ Adults: performed by Jennifer R. Cheng, CNP at Massachusetts General Hospital Neurology Clinic
☐ Pediatric: performed by Dr. Oaklander or Dr. David Dredge at MGH Neurology

Skin biopsy in New Hampshire – fax to 603-749-0973, then ask patient to call 603-749-0913 to schedule
☐ Adults: performed by Khosro Farhad MD in Dover or Portsmouth NH

Information for insurance reimbursement
Medical Insurer Name: ________________________________________________________________
Indication for skin biopsy: ☐ Small-fiber neuropathy ☐ Other ________________________________
Brief clinical history:_______________________________________________________________
☐ Prior nerve conduction study? ☐ results normal, or ☐ abnormal: __________________________

Site(s) to be biopsied
☐ Standard lower-leg biopsy: One 3 mm punch from 10 cm above the ankle for distal small-fiber neuropathy
☐ Additional thigh biopsy: A 2nd punch from the upper thigh for proximal small-fiber neuropathy
  Specify here if biopsy must be taken only from right leg ☐ or left leg ☐
☐ Specify here if requesting biopsy of non-standard site for other diagnosis ____________________________

Special considerations
☐ Preapplication of EMLA cream before local anesthetic injection is needed, eg for young children and special
  needs adults. If so, specify the need: ______________________________________________________
☐ Patient is allergic to latex, or local anesthetics, or antibiotic ointments: _________________________
☐ Specify here if patient requires precautions for hemostasis, eg, use of anticoagulants
☐ Specify here if extra time is required, eg, for cognitive or psychiatric concerns: _______________________

Pathology reports appear within 2-3 weeks in the MGH Epic record and are e-faxed to outside physicians
  registered with MGH Pathology; to register call 617-726-0260