



Patient Name:

DOB:

MGH MRN if known:

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