



MASSACHUSETTS  
GENERAL HOSPITAL

**MGH Nerve Unit**

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<b>Patient Name:</b> DOB: MRN:
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**TO REQUEST SKIN BIOPSY TEST FOR SMALL-FIBER NEUROPATHY AT MGH**

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

Referring provider: \_\_\_\_\_ Provider UPIN \_\_\_\_\_

**Information required by insurers:**

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 (PGP9.5 immunolabeling, morphology and morphometry).
- Additional thigh biopsy:** A 2<sup>nd</sup> punch is removed from the thigh to test for non-length dependent neuropathy (PGP9.5 immunolabeling, morphology and morphometry).
- Specify here if the biopsy must be taken from one particular leg \_\_\_\_\_
- Specify here if other biopsies are needed \_\_\_\_\_

**Requested provider:**

- No preference, book with earliest available
- Anne Louise Oaklander MD PhD Dr. Oaklander performs all pediatric skin biopsies
- Khosro Farhad MD
- Jennifer R. Cheng, NP

**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: \_\_\_\_\_

**To submit this requisition:**

Fax completed form to: 617-726-0473, or scan and email to hdowns@mgh.harvard.edu

For questions call Heather Downs at 617-726-0260. Reports appear in the MGH electronic medical record and are faxed to requesting physicians who are registered with MGH Pathology. Allow 1 month for results.