

Accession Number: MN-25-_____

UAB NEUROMUSCULAR PATHOLOGY SKIN BIOPSY REQUISITION

1720 7th Avenue S. SC 427

Birmingham, AL 35233

(205)934-2127

Name (Last)	(First)	Age	Sex	Date of Birth	Social Security Number (if available)
Submitting Physician Name		Submitting Facility & Facility to be billed			
Submitting Physician Contact Phone		Name & address, phone or fax # of physicians who should receive copies of the biopsy report:			
Clinical Impression/Indications					
Clinical History/Lab Data/Serological Data					

Place biopsied samples from a single site in a labeled tube containing Zamboni's fixative (15-20 times the volume of sample: 30-50 cc recommended). Keep fixative and sample cool during transport.

Specimen Collection:		Date:		Time: _____ a.m. _____ p.m.	
Please indicate the biopsy location(s) below and label the vial(s) with the corresponding site, patient's name and date of birth.					
Sample A:	___ Left	___ Right	___ Thigh	___ Ankle	Results should be available in 7 – 14 working days.
Sample B:	___ Left	___ Right	___ Thigh	___ Ankle	

Samples should be shipped same day biopsied. Package and ship biopsies via courier or FedEx to the above address.

****NOTE:** It is imperative that you contact our lab in advance to sending specimens. We can be reached at the above number. Specimens must arrive between 8 a.m. and 4 p.m. Monday – Thursday, except holidays. The lab is closed weekends.