



Cleveland Clinic

Neurological Institute

9500 Euclid Avenue, S-90

Cleveland, Ohio 44195

Telephone: 216-444-5353 Fax: 216-445-1563

**Cleveland Clinic Cutaneous Nerve Laboratory
Skin Biopsy for Neuropathy / Specimen Referral Form**

Accession Number (Lab Use Only) : _____

Cleveland Clinic Medical Record # (Lab Use Only): _____

Patient Name: Last _____ M.I. _____ First _____

Date of Birth: _____ Gender: _____ Phone: _____

Address: _____

Requesting Physician Name: Last _____ M.I. _____ First _____

Address: _____

Phone: _____ Fax: _____

Physician's E-mail Address: _____

Clinical Diagnosis: _____ ICD Code: _____

Signature of Requesting Physician: _____

Reason for Biopsy/Brief Clinical History:

Biopsy Site: (please check) ☐ Routine: Distal leg Distal thigh Proximal thigh

☐ Other Site (specify): _____

Reason for other site (if applicable): _____

Biopsy Side: (please circle) Right Left Date of Biopsy: _____

Biopsy Performed by: _____ Date of Biopsy: _____

Time of specimens into fixative (2% PLP) _____ am pm

Any questions regarding biopsy specimen shipping and processing may be addressed to:

Dr. David Polston at 216-444-5353 or Sherry Zhao at 216-444-4131

Please complete the form and send or fax to: Dr. David Polston, Fax: 216-445-1563.

Please send the original request form along with the specimens to:

**Dr. David Polston, Cleveland Clinic Cutaneous Nerve Laboratory, Cleveland Clinic,
9500 Euclid Ave TT3-05, Cleveland Ohio 44195**