

IU Health Laboratory Services 350 W. 11th Street Indianapolis, IN 46202-4108 317.491.6000 or 800.433.0740 Fax: 317.491.6001

| Patient Legal Name (I | ∟ast, First MI) | | | | DOB | | |
|--|--------------------|----------------------|------------------|-----------------|------------------------|--|--|
| Patient SSN # | Ethnicity | Ethnicity MR#/Alt | | Phone: | L | | |
| Address | | Phone | Phone | | | | |
| City, State, Zip | | . | | | | | |
| Order Date | Print Physicians N | Jame (F ML I) | Physicians Signa | ature | | | |
| Order Date Print Physicians Name (F, | | varrie (i , ivii, L) | vii, E) | | | | |
| Client: | | | | | | | |
| | | | | | | | |
| | | DERMATO | OPATHOLO | OGY REQUIST | ΓΙΟΝ | | |
| Diagnosis: | | | | | | | |
| | | | | | | | |
| History: | | | | | | | |
| Thotal y. | | | | | | | |
| | | | | | | | |
| Drooduro | | | | | | | |
| Procedure: | | | | | | | |
| Slide Consult / Second Opinion | | | | | Slide Preparation Only | | |
| Margins on All Malignancies Not For Margins | | | | | | | |
| | | | | | | | |
| Gross Description: | | | | | | | |
| Punch 2 3 4 5 6 7 8 mm | | | | | | | |
| Shave: | | | | | | | |
| Excision / Ellipse: | | | | | | | |
| Site Location | ,• | | | | | | |
| Site Location | l . | | | | | | |
| Immunofluor | escence Spec | cimen Submi | ssion Only | - with / withou | ıt H&F | | |
| | <u> </u> | | <u>,</u> | , | | | |
| Light N | Microscopy (H | &E) | Immuno | ofluorescence (| (Direct IF) | | |
| | | | | | | | |
| Serum | Titer (Indired | t IF) EBA | Suspected | d Yes | No | | |
| | | | | | | | |
| Site IF Tube # 1: | | | | | | | |
| Circle where applicable: Skin/Mucosa Lesional / Nonlesional Sun Exposed / Nonexposed | | | | | | | |
| 0: 15 7 1 | " 0 | | | | | | |
| Site IF Tube # 2: | | | | | | | |
| Circle where applicable: Skin/Mucosa Lesional / Nonlesional Sun Exposed / Nonexposed | | | | | | | |
| | | | | | | | |
| Cita H2.E Tubor | | | | | | | |