



Patient Legal Name (Last, First MI) DOB

Patient SSN # Ethnicity MR#/Alternate Pt ID Phone:

Address Phone Fax:

City, State, Zip

Order Date Print Physicians Name (F, MI, L) Physicians Signature

Client:

DERMATOPATHOLOGY REQUISTION

Diagnosis:

History:

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:

Immunofluorescence Specimen Submission Only - with / without H&E

Light Microscopy (H&E) Immunofluorescence (Direct IF)

Serum Titer (Indirect IF) EBA Suspected Yes No

Site IF Tube # 1:
Circle where applicable: Skin/Mucosa Lesional / Nonlesional Sun Exposed / Nonexposed

Site IF Tube # 2:
Circle where applicable: Skin/Mucosa Lesional / Nonlesional Sun Exposed / Nonexposed

Site H&E Tube: