Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

# *Epidermal Nerve Fiber Density Patient Information*

**Instructions:** To help provide the best possible service, supply the requested information below and **send this paperwork with the specimens.**

## Patient Information (required)

| Patient Name *(Last, First, Middle)* | Birth Date *(mm-dd-yyyy)* |
|---|---|
| Sex Assigned at Birth<br>☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose | Legal/Administrative Sex<br>☐ Male ☐ Female ☐ Nonbinary |

## Referring Provider Information

| Referring Neurologist Name *(Last, First)* | Phone | Fax* |
|---|---|---|

| Neurologist Address | City | State | ZIP Code |
|---|---|---|---|

**Fax number given must be from a fax machine that complies with applicable HIPAA regulations.*

## Reason for Testing and Clinical Information

All information below is **required**. Specimens will not be processed if information is not completed.
**Use only fixative, buffer, and cryoprotectant provided in the kit by Mayo Clinic Laboratories.**

| Tissue Name (example: 3mm skin punch) | | | Procedure Date *(mm-dd-yyyy)* |
|---|---|---|---|
| **Biopsy Site: 1**<br>☐ **Distal Leg**<br>☐ **Mid Thigh**<br>☐ **Dorsal Foot**<br>☐ **Lower Abdomen**<br>☐ **Other:** | **Body Side**<br>☐ **Right**<br>☐ **Left** | Amount of time tissue was fixed in Zamboni (must be between 12–24 hours)<br>hours | Date tissue placed in cryoprotectant *(mm-dd-yyyy)*<br>Time tissue placed in cryoprotectant<br>☐ am ☐ pm |
| **Biopsy Site: 2**<br>☐ **Distal Leg**<br>☐ **Mid Thigh**<br>☐ **Dorsal Foot**<br>☐ **Lower Abdomen**<br>☐ **Other:** | **Body Side**<br>☐ **Right**<br>☐ **Left** | Amount of time tissue was fixed in Zamboni (must be between 12–24 hours)<br>hours | Date tissue placed in cryoprotectant *(mm-dd-yyyy)*<br>Time tissue placed in cryoprotectant<br>☐ am ☐ pm |
| Tentative Clinical Diagnosis | | | |

**Reminder: Include the following required information along with this form for a complete consultation.**

☐ Neurology Clinical Notes
☐ NCS/EMG results ☐ NCS/EMG not performed

Print