

**Reporting Title:** Dermatopathology Consult  
**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus

**Ordering Guidance:**  
**This test is only for a dermatopathology wet tissue consultation.** For a dermatologic consultation on paraffin embedded tissue and slides, order PATHC / Pathology Consultation.

**Shipping Instructions:**  
Attach the green "Attention Pathology" address label (T498) to the outside of the transport container before putting into the courier mailer.

**Necessary Information:**  
**All requisition and supporting information must be submitted in English.**

- Each of the following items is required:
- 1. All requisitions must be labeled with:**
    - Patient name, date of birth and medical record number
    - Name and phone number of the referring pathologist or ordering physician
    - Anatomic site and collection date
  - 2. A brief patient history is essential to achieve a consultation fully relevant to the ordering clinician’s needs.**
  - 3. Preliminary diagnosis or differential diagnosis**
  - 4. Clinical and/or dermoscopic images should be included if available.** Submit with the request via Epic Care Everywhere, Mayo Clinic Image Share, or external storage device.

**Specimen Requirements:**  
**Supplies:** Dermatopathology Media (T101)  
**Sources:** Skin or oral mucosa  
**Container/Tube:** Screw-capped container or vial containing 10% formalin  
**Specimen Volume:** Entire specimen  
**Collection Instructions:** **For scalp biopsies: when the differential diagnosis includes a scarring alopecia, 2 separate 4-mm punch biopsies are recommended** (1 for vertical and 1 for horizontal sections). If a single scalp biopsy is received with the clinical diagnosis of a scarring alopecia, the specimen will be processed with horizontal sections.  
**Additional Information:** STAT requests are not accepted for this test.

Specimen Type	Temperature	Time	Special Container
Tissue	Ambient		

Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
DEXT	Q0000038	Biopsy site?	Plain Text	Yes
DEXT	Q0000201	Clinical Diagnosis/Patient History:	Plain Text	Yes
DEXT	Q0000025	Contact physician name?	Plain Text	Yes

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
71139	Interpretation	Alphanumeric		33746-9
71140	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71141	Report electronically signed by	Alphanumeric		19139-5
71142	Addendum	Alphanumeric		35265-8
71143	Gross Description	Alphanumeric		22634-0
71582	Disclaimer	Alphanumeric		62364-5
71854	Case Number	Alphanumeric		80398-1

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

- 88302 (if appropriate)
- 88304 (if appropriate)
- 88305 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
LEV2P	Level 2 Gross and microscopic	1	88302	No	No
LEV3P	Level 3 Gross and microscopic	1	88304	No	No
LEV4P	Level 4 Gross and microscopic	1	88305	No	No

Reference Values:

Diagnosis and description of microscopic findings