Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Nerve Biopsy Patient Information

Instructions: All information below must be completed. A copy of the neurology clinical notes and electromyography results are **required** for testing. To help provide the best possible service, supply the information requested below and **send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Neurology Lab at 507-284-1759. Phone: 800-533-1710 / International clients: 1-855-379-3115, or email mliintl@mayo.edu.**

Patient Information (required)

Patient Name (Last, First Middle)	Birth Date (mm-dd-yyyy)
Sex Assigned at Birth ☐ Male ☐ Female ☐ Choose not to disclose ☐ Other, specify:	Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary ☐ Choose not to disclose ☐ Other, specify:

Referring Healthcare Professional Information

Referring Neurologist Name (Last, First)	Phone	Fax*
Neurologist Address (Street, City, State, ZIP Code		

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

Reason for Testing (required)

Clinical Information All information below is **required**. Specimens will not be processed if information is not completed.

Use only fixative and buffer included in the kit provided by Mayo Clinic Laboratories.

Name of Nerve Biopsied (for example, left sural nerve, whole, ankle)	Surgery Date (mm-dd-yyyy)	Procedure Date (mm-dd-yyyy)
Tentative Clinical Diagnosis		
Indication for Nerve Biopsy		

If an MCL Nerve Biopsy Kit is not used, include fixatives and buffers used. ▶	**Segment A:** Fixative	Buffer
	Segment B: Fixative	Buffer

Additional Reports Complete information below if additional report is wanted.

Name of Facility or Person (Last, First) to Receive Report	Phone	Fax*
Neurologist Address (Street, City, State, ZIP Code)		

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

Print