



**Instructions:** All information below must be completed. A copy of the Neurology Clinical Notes and EMG results are also required for testing.

**Patient Information**

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Neurologist <i>(Last, First)</i>	Phone	Fax*
Neurologist Address <i>(Street, City, State, ZIP Code)</i>		

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

**Additional Reports** Complete information below if additional report is wanted.


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

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

**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.\*\*

Name of Nerve Biopsied (for example: left sural nerve, whole, ankle)	Surgery Date <i>(mm-dd-yyyy)</i>	Procedure Date <i>(mm-dd-yyyy)</i>
Tentative Clinical Diagnosis		
Indication for Nerve Biopsy		
If an MCL Nerve Biopsy Kit is not used, include fixatives and buffers used. 	<b>Segment A:</b> Fixative	Buffer
	<b>Segment B:</b> Fixative	Buffer