



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>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Neurologist Name <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. 	Segment A: Fixative	Buffer
	Segment B: Fixative	Buffer