

**STANFORD MEDICINE**

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**BILL TO:**

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- Patient
- 
- PPO
- 
- HMO\*
- 
- Client
- 
- Medicare
- 
- 
- Outpatient
- 
- 
- Inpatient

HMO Insurance Authorization # \_\_\_\_\_

*\*Referring facility is responsible for obtaining HMO authorization. If claim is denied due to lack of authorization, the referring facility will be billed for services*
**Insurance Info: Attach a copy of front & back of Insurance card or face sheet.**  
 Technical (lab) and professional (M.D.) charges are billed separately.

Patient Name (Last) (First)		DOB
Referring Institution MRN	Sex M F ( )	Patient's Phone Number
Patient Address		City State Zip Code
Referring Institution/Practice (Name, address, phone, fax)		
Ordering Physician Name: _____		
NPI#: _____		Phone: _____ Date: _____


**For Lab Use Only**

<b>REQUIRED INFORMATION</b>	<b>ICD Code(s) -</b>
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<b>Required: Neurologist/ Rheumatologist</b> Name: _____ Phone: _____
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<b>COPIES TO:</b>	Name, Fax, Address
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**Patient History:**

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**Family History:**

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**Clinical Impressions:**

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<b>Previous Biopsies?</b> <input type="checkbox"/> Yes Muscles Biopsied: _____ <input type="checkbox"/> No _____	<b>Electrodiagnostic Studies</b> <input type="checkbox"/> Yes _____ <input type="checkbox"/> No _____	<b>Medications:</b> _____ _____	<b>Laboratory Data: Provide below or attach applicable results</b> _____ _____
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**Services Requested**

<b>Enzyme histochemistry:</b> ___ Succinate dehydrogenase (SDH)    ___ Phosphofructokinase ___ Cytochrome oxidase (COX)    ___ Adenylate deaminase ___ ATPase@ pH 9.4 ___ ATPase@ pH 4.3 ___ ATPase@ pH 4.6 ___ NADH-TR ___ Esterase ___ Myophosphorylase ___ Alkaline phosphatase ___ COX/SDH	<b>Paraffin sections:</b> ___ H&E with levels X 3  <b>Frozen sections:</b> ___ H&E ___ Gomori trichrome ___ PAS w/ & w/o diastase	<b>Frozen Sections</b> ___ Dystrophin N    ___ α-sarcoglycan    ___ Collagen VI ___ Dystrophin N (4c7)    ___ γ-sarcoglycan    ___ Merosin ___ Dystrophin R (6a9)    ___ δ-sarcoglycan    ___ Myotilin ___ Dystrophin R (7g1)    ___ Utrophin    ___ Perlecan ___ α-dystroglycan (via-1)    ___ MAC    ___ Spectrin ___ α-dystroglycan (11h6c4)    ___ MHC-1    ___ Dysferlin ___ Dystrophin C    ___ Emerin    ___ Slow Myosin ___ Embryonic myosin    ___ α-actinin    ___ Fast Myosin ___ β-sarcoglycan	<b>Immunohistochemical studies (Paraffin or frozen sections)</b> ___ β amyloid (4g8)    ___ Desmin ___ β amyloid precursor protein    ___ Myotilin ___ Tau (AT8) ___ Ubiquitin    Lymphocyte immunophenotyping. ___ Parvalbumin    Specify desired tests: ___ TDP-43 ___ Nestin ___ Fast Myosin ___ Slow Myosin
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**Specimen A**

Collection Date: \_\_\_/\_\_\_/\_\_\_ Case No. \_\_\_\_\_

Specimen Site: \_\_\_\_\_

<b>QTY</b>	<b>Identification</b>
___ Fresh Tissue	_____
___ Unstained Slides	_____
___ Stained Slides	_____
___ Paraffin Block	_____

**Specimen B**

Collection Date: \_\_\_/\_\_\_/\_\_\_ Case No. \_\_\_\_\_

Specimen Site: \_\_\_\_\_

<b>QTY</b>	<b>Identification</b>
___ Fresh Tissue	_____
___ Unstained Slides	_____
___ Stained Slides	_____
___ Paraffin Block	_____

**Specimen C**

Collection Date: \_\_\_/\_\_\_/\_\_\_ Case No. \_\_\_\_\_

Specimen Site: \_\_\_\_\_

<b>QTY</b>	<b>Identification</b>
___ Fresh Tissue	_____
___ Unstained Slides	_____
___ Stained Slides	_____
___ Paraffin Block	_____

**Specimen D**

Collection Date: \_\_\_/\_\_\_/\_\_\_ Case No. \_\_\_\_\_

Specimen Site: \_\_\_\_\_

<b>QTY</b>	<b>Identification</b>
___ Fresh Tissue	_____
___ Unstained Slides	_____
___ Stained Slides	_____
___ Paraffin Block	_____