

**Health Care**

<input type="checkbox"/> Stanford Anatomic Pathology Slides/Blocks 300 Pasteur Drive, Room H2110 Wet Tissue Stanford, CA 94305	<input type="checkbox"/> <b>Fresh</b> Stanford Anatomic Pathology Muscle/Nerve 3375 Hillview Avenue Palo Alto CA 94304	<b>BILL TO:</b> <input type="checkbox"/> Patient <input type="checkbox"/> PPO <input type="checkbox"/> HMO* <input type="checkbox"/> Client <input type="checkbox"/> Medicare <input type="checkbox"/> Outpatient <input type="checkbox"/> 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. <b>Insurance Info: Attach a copy of front &amp; back of Insurance card or face sheet.</b> Technical (lab) and professional (M.D.) charges are billed separately.
Patient Name (Last) (First) _____ DOB _____		For Lab Use Only
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#: _____ Date: _____ Phone: _____ Fax: _____		REQUIRED INFORMATION    ICD Code(s) - _____

**Required: Neurologist/ Rheumatologist** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

COPIES TO:	Name	Address	Fax

**Patient History: (Include family history, neuro exam, results of electrodiagnostic studies, medications, applicable lab data in paperwork, clinical impressions)**

---



---



---



---

Basic Nerve Biopsy Panel:	Basic Muscle Biopsy Panel:		
___ H&E X6, LFB/PAS, Trichrome, Bielschowsky, Congo Red (adults) ___ Microdissection (nerve teasing)	___ H&E X5, Congo Red (adults), Cryosections: H&E, Trichrome, Dual IHC for fiber types, Esterase, NADH-TR, Myophosphorylase, COX/SDH		
Enzyme Histochemistry	Special Stains	Electron Microscopy	Molecular Pathology
(Frozen tissue) ___ COX/SDH ___ Esterase ___ Myophosphorylase ___ NADH-TR	___ Bielschowsky ___ Congo Red ___ LFB ___ Oil Red O ___ Trichrome ___ PAS/PAS-D	___ Semithin toluidine blue sections ___ Complete EM study	___ IOPBOPGAT * <del>ca</del> } Panel ___ MGMT by Methylation Specific PCR ___ Solid Tumor Actionable Mutation Profile (NGS) ___ Fusion-STAMP (NGS)

For a complete list of Immunodiagnosis stains, please visit [Stanfordlab.com](http://Stanfordlab.com)

**Specimen A**

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

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

**Specimen B**

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

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

**Specimen C**

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

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