

**Dermatology, University Hospitals Medical Group**  
11100 Euclid Avenue, 3100 Bolwell Health Center  
Cleveland, OH 44106-5028

**Telephone (216) 844-1507**

**Fax: (216) 844-4707**

**Dermatopathology**

**Kord Honda, M.D.**

**Immunofluorescence**

**Bethany R. Rohr, M.D.**

**Neil J. Korman, Ph.D., M.D.**

**BIOPSY DATE:**

**PLEASE ATTACH A COPY OF THE PATIENT'S INSURANCE CARD(S)**

MRN: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Last                      First                      M.I.

Physician Name: \_\_\_\_\_

Physician NPI# \_\_\_\_\_

Office Street Address/Site: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Physician/Send Copies To: (full name) \_\_\_\_\_

\_\_\_\_\_ Fax: (    ) - \_\_\_\_\_

\_\_\_\_\_ Fax: (    ) - \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: (    ) - \_\_\_\_\_

**Insurance Subscriber (Name, Social security #, DOB):**

Ordering provider represents that he/she has obtained informed consent from patient to perform the services described herein.

Site of Specimen	Clinical Appearance / Diagnosis	Biopsy			Excision		
		Shave	Punch	Incis.	Shave	Punch	Other
<b>A.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Routine Histopathology  
(formalin-fixed tissue)

Direct Immunofluorescence  
(specimen in Michel's media)

Indirect Immunofluorescence  
(blood in serum-separator tubes)

**For Supplies (formalin bottles, transport media): call 216-844-1507**

**LABORATORY USE ONLY:**

**Gross Description**

Number of specimens: \_\_\_\_\_

Specimen size (mm): \_\_\_\_\_

**Received in:**

- Formalin
- Unfixed
- Transport media
- Saline

**Color:**

- Tan
- Brown
- Gray
- Yellow
- Red
- Black

**Shape:**

- Ellipsoid
- Shave
- Cylindrical
- Ovoid
- Irregularly shaped
- Cyst
- Dome-shaped

**Embedded:**

- Inked
- In part
- In toto