Indiana University Health

IU Health Laboratory Services
350 W. 11th Street
Indianapolis, IN 46202-4108
317.491.6000 or 800.433.0740

| | |
|---|---|
| Patient Legal Name (Last, First MI) | Date/Time of Collection |
| Gender (at Birth) M F | DOB |
| Address | SSN / MRN |
| City, State, Zip | Telephone Number |
| Print Physician's Name (F, MI, L) | Diagnosis |
| Physicians Signature | ICD-10 Diagnosis Codes: |
| **Client:** | ☐ BILL FACILITY<br>☐ BILL PATIENT OR INSURANCE<br>☐ SPLIT BILL: TC TO FACILITY & PC TO INSURANCE (Medicare, Medicaid, Tricare)<br>**NOTE: For split and patient bill: Attach Face Sheet & Insurance Card** |

## DERMATOPATHOLOGY REQUISITION

Diagnosis:

History:

Procedure:

_____ Slide Consult / Second Opinion _____ Slide Preparation Only

_____ Margins on All Malignancies _____ Not For Margins

Gross Description:

_____ Punch 2 3 4 5 6 7 8 mm

_____ Shave:

_____ Excision / Ellipse:

Site Location: Laterality Location:

## Immunofluorescence Specimen Submission Only – with / without H&E

_____ Light Microscopy (H&E) _____ Immunofluorescence (Direct IF)

_____ Serum Titer (Indirect IF) EBA Suspected ____ Yes ____ No

Site IF Tube # 1:

Circle where applicable: Skin/Mucosa Lesional / Non Lesional Sun Exposed / Nonexposed

Site IF Tube # 2:

Circle where applicable: Skin/Mucosa Lesional / Non Lesional Sun Exposed / Nonexposed

Site H&E Tube: