# Electron Microscopy Request Form

## PATIENT & ORDERING INFORMATION (please clearly print name or attach patient sticker)

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital/Clinic:</td>
<td>Referring Physician:</td>
<td>Tel:</td>
<td>Fax:</td>
</tr>
<tr>
<td>MRN:</td>
<td>Send Results/EM images to:</td>
<td>Fax:</td>
<td></td>
</tr>
</tbody>
</table>

## TESTING REQUESTED

- [ ] Complete Electron Microscopy with Interpretation
- [ ] Technical Only Electron Microscopy (please provide location for sending the slides/images):
  - Contact name:
  - Phone or Email:
  - Location:

## SPECIMEN INFORMATION

<table>
<thead>
<tr>
<th>Collection Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen Type:</td>
<td></td>
</tr>
</tbody>
</table>
- [ ] Blood (for lysosomal storage disease only)
- [ ] Myocardial biopsies (for amyloidosis only)
- [ ] Kidney (EM only)
- [ ] Soft tissue tumor
- [ ] Other technical only specimen (please call):
| Specimen Measurements/Fixation: |
| (For lab to complete upon specimen arrival) |

## DIAGNOSIS/INDICATION FOR TESTING & RELEVANT CLINICAL HISTORY

## BILLING INFORMATION

[ ] Bill Hospital or Clinic Listed Above
[ ] Bill Patient Directly

Medicare billing policy prevents us from submitting a Medicare claim for laboratory testing referred to us on hospital inpatients or hospital outpatients. For these samples, we will bill the sending hospital.

__________________________  __________________________
Signature of Physician                  Date

Revised Date: 7/8/2020  
https://www.hennepinhealthcare.org/laboratory-services/electron-microscopy/