Hennepin Healthcare Laboratory Services

Neuromuscular/EM Lab
825 South 8th Street, Suite LL-05
Minneapolis, MN 55404
Tel: 612-873-2175 Fax: 612-904-4240
Email: EMLab@hcmed.org

Please send required documentation
- ☐ **Face sheet (insurance)**
- ☐ **Clinical History**

Neuromuscular Pathology Request Form

PATIENT & ORDERING INFORMATION (please clearly print name or attach patient sticker)	
Patient Name:	Date of Birth: ☐ Male ☐ Female
Hospital/Clinic:	Referring Physician: Tel: Fax:
MRN or Accession #:	Send Results to: Fax:

SPECIMEN INFORMATION	
Biopsy Date:	Time:
Specimen Type: ☐ Skeletal Muscle Biopsy ☐ Peripheral Nerve Biopsy	Site(s): Site(s):

TESTING REQUESTED	**SPECIMEN MEASUREMENTS** (For Neuromuscular Lab to Complete)
☐ Light Microscopy and Histochemistry ☐ Electron Microscopy ☐ Nerve Teasing ****Please indicate proximal end****	☐ Fresh (Saline Moistened Gauze- NOT DRIPPING!) ☐ EM Fixative ☐ Frozen (Dry Ice) ☐ Formalin Fixed
Additional immunohistochemistry or biochemistry testing may be ordered by the reading neuromuscular pathologist based on initial evaluation. Please contact us prior to sending the specimen with any questions regarding additional testing.	

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.

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Signature of Physician **Date**