Hennepin Healthcare Laboratory Services

Electron Microscopy 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**

Electron Microscopy 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:	Send Results/EM images to: Fax:

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

Collection Date:	Time:
Specimen Type: ◯ Blood (for lysosomal storage disease only) ◯ Myocardial biopsy (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: 10/23/2020
https://www.hennepinhealthcare.org/laboratory-services/electron-microscopy/