

Hennepin Healthcare Neuromuscular Lab

716 S 7th Street (new address as of 2022)

Suite: PL.630

Minneapolis, MN 55415

Tel: 612-873-2175 Fax: 612-904-4240

Please send required documentation

Clinical History		☐ Face sheet (insurance)	
Patient Name:    Date of Birth:	Neuromuscular Pathology Request Fo	orm Clinical History	
Patient Name:    Date of Birth:	PATIENT & ORDERING INFORMATION (please clearly print name or attach patient sticker)		
Tel: Fax:  MRN or Accession #: Send Results to: Fax:  SPECIMEN INFORMATION  Biopsy Date: Time:  Specimen Type: Site(s): Secient Requested Muscle Biopsy Peripheral Nerve Biopsy  Bite(s):  TESTING REQUESTED SPECIMEN MEASUREMENTS (For Neuromuscular Lab to Complete) Light Microscopy and Histochemistry Electron Microscopy Nerve Teasing **Please indicate proximal end**  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.  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.		Date of Birth	
SPECIMEN INFORMATION Biopsy Date:   Time:  Specimen Type:   Site(s):   Site(s):    Skeletal Muscle Biopsy   Site(s):    Disperiment Nerve Biopsy   Site(s):    ESTING REQUESTED   SPECIMEN MEASUREMENTS (For Neuromuscular Lab to Complete)   Fresh (Saline Moistened Gauze- NOT DRIPPING!)    Belectron Microscopy   Nerve Teasing **Please Indicate proximal end**   EM Fixative    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.   Frozen (Dry Ice)    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.	Hospital/Clinic:	Referring Physician:	
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