



**1. Patient Information: (please print) Required**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**2. Billing Information: Required**

Bill To:  Client/Institution  Patient Insurance (must attach demographics)

**3. Clinical Information: Required -Complete this section AND attach clinical notes**

Clinical diagnosis/brief medical history/EMG/NCS Results:

**4. Ordering Physician/Sending Institution: Required**

Institution Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person:(who filled out this form) \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Pathologist Name: (if applicable) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Fax number for results to be sent: Required ( \_\_\_\_\_ ) \_\_\_\_\_**

**5. Specimen Information: Required ICD10 CODE(s) \_\_\_\_\_**

1<sup>st</sup>: Muscle\_\_ Nerve\_\_ Site: \_\_\_\_\_ Right or Left

2<sup>nd</sup>: Muscle\_\_ Nerve\_\_ Site: \_\_\_\_\_ Right or Left

**Specimen Types Enclosed:**

- Fresh unfixed tissue
- Frozen tissue for muscle workup
- Glutaraldehyde (4% for nerve only)
- Formalin fixed (not for nerves)
- Glutaraldehyde (2% for muscles)
- Frozen muscle for metabolic studies