Washington University in St. Louis Physicians

WASHINGTON UNIVERSITY
Dermatopathology Center

• Phone: (314) 362-5757 • Fax: (314) 362-5701 • www.dermpath.wustl.edu
• CORTEX Building, Suite 212, 4320 Forest Park Avenue, St. Louis, MO 63108

• Andras Schaffer, MD, PhD
• Ilana Rosman, MD
• Louis Dehner, MD

ORDERING PROVIDER (PLEASE SIGN AT THE BOTTOM)

Name

Phone: Fax:

Copy To Physician:

RUSH

LAB USE ONLY - GROSS DESCRIPTION

Date Received
Accessioner
Accession Number

Received in: Formalin (F) Michel's (M)

A) ☐F ☐M

B) ☐F ☐M

C) ☐F ☐M

D) ☐F ☐M

PATIENT INFORMATION - PLEASE ATTACH COPY OF INSURANCE CARD/DEMOGRAPHIC SHEET

Last Name | First Name | DOB

Biopsy Date | SSN/MRN | Race | Sex ☐F ☐M

☐ Previous biopsy number for same condition: _____
☐ Alopecia
☐ Nail
☐ Precaution: HIV, hepatitis, other (specify): _____
☐ ELISA: ☐ Pemphigoid (Bp 180/230) ☐ Pemphigus (Dsg1/3)

ANATOMICAL SITE	CHECK	CLINICAL DESCRIPTION, DIAGNOSIS, ICD-9 CODE
A)	☐ Shave ☐ Punch ☐ Excision ☐ Curettage ☐ Margins ☐ AK ☐ BCC ☐ DN ☐ SCC ☐ SK	DIF ☐
B)	☐ Shave ☐ Punch ☐ Excision ☐ Curettage ☐ Margins ☐ AK ☐ BCC ☐ DN ☐ SCC ☐ SK	DIF ☐
C)	☐ Shave ☐ Punch ☐ Excision ☐ Curettage ☐ Margins ☐ AK ☐ BCC ☐ DN ☐ SCC ☐ SK	DIF ☐
D)	☐ Shave ☐ Punch ☐ Excision ☐ Curettage ☐ Margins ☐ AK ☐ BCC ☐ DN ☐ SCC ☐ SK	DIF ☐

LAB USE ONLY - PATHOLOGICAL DIAGNOSIS

REQUISITION

ORDERING PROVIDER'S SIGNATURE: X