SHIPPING MANIFEST FOR SKIN BIOPSIES

Must accompany all biopsy shipments

THE JOHNS HOPKINS MEDICAL INSTITUTIONS
Cutaneous Nerve Laboratory
The Johns Hopkins University

Cancer Research Building #2, Room 362
1550 Orleans Street
Baltimore, MD 21231
410-955-3254 (phone)
410-502-5560 (fax)

Director: Michael Polydefkis, MD
Lab Manager: Peter Hauer (phauer@jhmi.edu)

CONTACT INFORMATION
Referring Physician:_____ Code/Signature:_____ Clinical or Research (CIRCLE ONE)
Address:_____
_____
_____
Phone:_____ ____ Email:_____ Fax:_____

BIOPSY INFORMATION

PATIENT NAME/STUDY ID		ANATOMICAL SITES (INDICATE QUANTITY & SPECIFY SITE IF NEEDED)				
LAST	FIRST	DISTAL LEG	DISTAL THIGH	PROXIMAL THIGH	ALT. SITE #1	ALT. SITE #2
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
		L/R	L/R	L/R		
TOTAL						

TOTAL NUMBER OF SAMPLES IN SHIPMENT:____

DATE OF SHIPMENT:____/____/____
DAY/MONTH/YEAR