

# Shipping Manifest for Skin Biopsies

Must accompany all biopsy shipments

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## Patient information

## Anatomic sites

<b>Patient 1</b> _____		Left	Right	Biopsy Date ____/____/____ month day year
	Distal leg	<input type="checkbox"/>	<input type="checkbox"/>	
	Distal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Proximal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Other sites _____			

<b>Patient 2</b> _____		Left	Right	Biopsy Date ____/____/____ month day year
	Distal leg	<input type="checkbox"/>	<input type="checkbox"/>	
	Distal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Proximal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Other sites _____			

<b>Patient 3</b> _____		Left	Right	Biopsy Date ____/____/____ month day year
	Distal leg	<input type="checkbox"/>	<input type="checkbox"/>	
	Distal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Proximal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Other sites _____			

<b>Patient 4</b> _____		Left	Right	Biopsy Date ____/____/____ month day year
	Distal leg	<input type="checkbox"/>	<input type="checkbox"/>	
	Distal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Proximal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Other sites _____			

<b>Patient 5</b> _____		Left	Right	Biopsy Date ____/____/____ month day year
	Distal leg	<input type="checkbox"/>	<input type="checkbox"/>	
	Distal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Proximal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Other sites _____			

<b>Patient 6</b> _____		Left	Right	Biopsy Date ____/____/____ month day year
	Distal leg	<input type="checkbox"/>	<input type="checkbox"/>	
	Distal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Proximal Thigh	<input type="checkbox"/>	<input type="checkbox"/>	
	Other sites _____			