

UC DAVIS DERMATOPATHOLOGY SERVICE

DEPARTMENT OF DERMATOLOGY
 3301 C STREET, SUITE 1450
 SACRAMENTO, CA 95816
 916-734-6373
 TOLL FREE: 866-323-9061
 FAX: 916-442-1053
<https://dermpath.ucdmc.ucdavis.edu/>

MAXWELL A. FUNG, MD, LABORATORY DIRECTOR
 DANIEL H. GONG, MS, LABORATORY MANAGER



CLIA ID# 05D1021511
 CA LICENSE ID# CLM 331466
 CAP ID# 8058352

SUBMITTING PHYSICIAN:

Phone: _____ Fax: _____

ADDITIONAL COPIES TO:

Phone: _____ Fax: _____

PATIENT DATA:

NAME: _____ (LAST) (FIRST) (M)

DATE OF BIRTH: _____ MALE FEMALE

SSN#: _____

ADDRESS & ZIP CODE: _____

PHONE: _____ (HOME) _____ (WORK)

INSURANCE DATA (OR INCLUDE COPY OF CARD):

BILL: Patient* Insurance Other (specify) _____

*Please check if NSA Estimate has been provided

Primary carrier:
 ID/Group#:
 Billing address:

Secondary carrier:
 ID/Group#:
 Billing address:

DATE OF SERVICE: _____ (TIME)

PREVIOUS BIOPSY? _____

SPECIMEN TYPE (CIRCLE)

A) BIOPSY <input type="checkbox"/> SHAVE	SITE	CLINICAL DIAGNOSIS / DESCRIPTION
<input type="checkbox"/> PUNCH <input type="checkbox"/> ALOPECIA (trans sect) <input type="checkbox"/> INCISIONAL (long sect) <input type="checkbox"/> SHAVE REMOVAL (CHECK MARGINS) <input type="checkbox"/> EXCISION (CHECK MARGINS) SHAVE / PUNCH / ELLIPTICAL <input type="checkbox"/> SLIDE CONSULTATION (attach prev path report) <input type="checkbox"/> DIRECT IMMUNOFLUORESCENCE		
B) BIOPSY <input type="checkbox"/> SHAVE	SITE	CLINICAL DIAGNOSIS / DESCRIPTION
<input type="checkbox"/> PUNCH <input type="checkbox"/> ALOPECIA (trans sect) <input type="checkbox"/> INCISIONAL (long sect) <input type="checkbox"/> SHAVE REMOVAL (CHECK MARGINS) <input type="checkbox"/> EXCISION (CHECK MARGINS) SHAVE / PUNCH / ELLIPTICAL <input type="checkbox"/> SLIDE CONSULTATION (attach prev path report) <input type="checkbox"/> DIRECT IMMUNOFLUORESCENCE		
C) BIOPSY <input type="checkbox"/> SHAVE	SITE	CLINICAL DIAGNOSIS / DESCRIPTION
<input type="checkbox"/> PUNCH <input type="checkbox"/> ALOPECIA (trans sect) <input type="checkbox"/> INCISIONAL (long sect) <input type="checkbox"/> SHAVE REMOVAL (CHECK MARGINS) <input type="checkbox"/> EXCISION (CHECK MARGINS) SHAVE / PUNCH / ELLIPTICAL <input type="checkbox"/> SLIDE CONSULTATION (attach prev path report) <input type="checkbox"/> DIRECT IMMUNOFLUORESCENCE		
D) BIOPSY <input type="checkbox"/> SHAVE	SITE	CLINICAL DIAGNOSIS / DESCRIPTION
<input type="checkbox"/> PUNCH <input type="checkbox"/> ALOPECIA (trans sect) <input type="checkbox"/> INCISIONAL (long sect) <input type="checkbox"/> SHAVE REMOVAL (CHECK MARGINS) <input type="checkbox"/> EXCISION (CHECK MARGINS) SHAVE / PUNCH / ELLIPTICAL <input type="checkbox"/> SLIDE CONSULTATION (attach prev path report) <input type="checkbox"/> DIRECT IMMUNOFLUORESCENCE		

(USE ADDITIONAL SHEETS IF NECESSARY)

LAB USE ONLY:

