UCLA Health System
PATHOLOGY OUTREACH SERVICES

Client Services Phone: (310) 267-2680 Fax: (310) 267-2685
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NEUROPATHOLOGY REQUISITION

PATIENT NAME (LAST, FIRST, MI.)

PATIENT STREET ADDRESS

CITY	STATE, ZIP
HOME PHONE	WORK PHONE
SEX	DATE OF BIRTH
PATIENT'S SOCIAL SECURITY NUMBER	SUBSCRIBER'S SOCIAL SECURITY NUMBER
RESPONSIBLE PARTY (IF OTHER THAN PATIENT)	RELATIONSHIP TO PATIENT
RESPONSIBLE PARTY'S PHONE NUMBER	ACCESSION NUMBER (LAB USE ONLY)

COPY TO: ○ REFERRING DOCTOR ○ PATHOLOGIST ○ OTHER
ADDRESS:
PHONE:
FAX:

CHECK THE APPROPRIATE BOX FOR BILLING TYPE (ATTACH A COPY OF THE FRONT AND BACK OF THE INSURANCE CARD)

○ DOCTOR/CLIENT	○ MEDICARE	○ WORKMANS COMP.	○ VISA	○ DISCOVER	○ MONEY ORDER
○ BILL PATIENT	○ MEDI-CAL	○ CASH	○ MASTERCARD		
○ PRIVATE INSURANCE	○ HMO	○ CHECK	○ AMERICAN EXPRESS		

NAME AS IT APPEARS ON THE CARD CREDIT CARD NUMBER EXPIRATION DATE

PRIMARY INSURANCE	SECONDARY INSURANCE
INSURANCE COMPANY NAME	INSURANCE COMPANY NAME
MEMBER (SUBSCRIBER NAME)	MEMBER (SUBSCRIBER NAME)
MEMBER POLICY NUMBER	MEMBER POLICY NUMBER
MEMBER GROUP NUMBER	MEMBER GROUP NUMBER
INSURANCE COMPANY ADDRESS	INSURANCE COMPANY ADDRESS
INSURANCE COMPANY PHONE NUMBER	INSURANCE COMPANY PHONE NUMBER

SPECIMEN INFORMATION

CLIENT MRD / CASE # **COLLECTION DATE** **COLLECTION TIME** **BIOPSY SITE**

○ MUSCLE:_____	○ WHOLE BRAIN:_____	○ EM:_____	○ FRESH:_____	○ SLIDES:_____
○ NERVE:_____	○ PARTIAL BRAIN:_____		○ FROZEN:_____	○ UNK. LIQUID:_____

DIAGNOSTIC QUESTION / DIFFERENTIAL DIAGNOSIS

CLINICAL HISTORY

Clinical History:
Cancer:
Rheumatoid Dx:
Family History:

Age at onset:

Onset:	○ Acute	○ Chronic		
Weakness:	○ Proximal	○ Distal	○ Symmetric	○ Asymmetric
Location:	○ RUE	○ LUE	○ RLE	○ LLE
Cramps:	○ yes	○ no		
Fasciculations:	○ yes	○ no		
Fatigue:	○ yes	○ no		
Myoglobinuria:	○ yes	○ no		
Exercise intol:	○ yes	○ no		
Atrophy:	○ yes	○ no		

Myotonia:	○ yes	○ no	
Rash:	○ yes	○ no	
Sensory:	○ Numbness	○ Paresthesia	○ Dysesthesia
	○ Proximal	○ Distal	
	○ Symmetric	○ Patchy	
Chemotherapy:			
Radiation:			

MEDICATIONS

Statin:	○ yes	○ no	Duration:	Date (start/stop):
Steroid:	○ yes	○ no	Duration:	Date (start/stop):
Other:				

LAB RESULTS & RADIOLOGY

Total CK: Lactate: Pyruvate: ESR: Antibodies: EMG/NCS: MRI:

Ship specimens to: UCLA Pathology Outreach Services, 10833 Le Conte Avenue, Room A3-240 CHS, Los Angeles, CA 90095-1732