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DEPARTMENT OF DERMATOLOGY**

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SUBMITTING PHYSICIAN (PLEASE PRINT)

PHYSICIAN CODE (UNC PHYSICIANS ONLY)

IF NECESSARY, SEND COPY OF REPORT TO:

FAX NUMBER:

PATIENT DATA

NAME (FIRST) _____ (LAST) _____

DATE OF BIRTH _____ SEX M F

SOCIAL SECURITY# _____

PATIENT ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE # _____

USE ADDITIONAL SHEETS IF >4 SPECIMENS

DATE OF SPECIMEN(S) _____

**CANNOT PROCESS SPECIMEN WITHOUT BILLING INFORMATION
INCLUDE COPY OF INSURANCE CARD - FRONT AND BACK (OR COMPLETE INSURANCE DATA)**

BILL: PATIENT INSURANCE OTHER PARTY(SPECIFY): _____

PRIMARY INSURANCE NAME _____

HMO PPO Indemnity Other, please specify _____

CARDHOLDERS NAME & SS# _____

I.D/ GROUP # _____ Effective Date: _____

BILLING ADDRESS _____

SECONDARY INSURANCE NAME _____

I.D/ GROUP # _____ Effective Date: _____

BILLING ADDRESS _____

Melanocytic Lesion Key: A: Asymmetric B: Irregular Border C: Multiple Colors E: Lesion is Changing

SPECIMEN A Site: _____

- CHECK MARGINS PUNCH BX SHAVE BX
SNIP BX ALOPECIA BX PUNCH EXCISION
EXCISION SLIDE CONSULT INDIRECT IF (SERUM)
DIF (INVOLVED SKIN) DIF (UNINVOLVED SKIN)

MELANOCYTIC LESION: A: B: C: Diameter _____ cm / mm (circle one) E:
CLINICAL FINDINGS AND DIAGNOSIS: (Required) Does this biopsy capture the entire lesion? Yes No

ANY SPECIAL INSTRUCTIONS

SPECIMEN B Site: _____

- CHECK MARGINS PUNCH BX SHAVE BX
SNIP BX ALOPECIA BX PUNCH EXCISION
EXCISION SLIDE CONSULT INDIRECT IF (SERUM)
DIF (INVOLVED SKIN) DIF (UNINVOLVED SKIN)

MELANOCYTIC LESION: A: B: C: Diameter _____ cm / mm (circle one) E:
CLINICAL FINDINGS AND DIAGNOSIS: (Required) Does this biopsy capture the entire lesion? Yes No

ANY SPECIAL INSTRUCTIONS

SPECIMEN C Site: _____

- CHECK MARGINS PUNCH BX SHAVE BX
SNIP BX ALOPECIA BX PUNCH EXCISION
EXCISION SLIDE CONSULT INDIRECT IF (SERUM)
DIF (INVOLVED SKIN) DIF (UNINVOLVED SKIN)

MELANOCYTIC LESION: A: B: C: Diameter _____ cm / mm (circle one) E:
CLINICAL FINDINGS AND DIAGNOSIS: (Required) Does this biopsy capture the entire lesion? Yes No

ANY SPECIAL INSTRUCTIONS

SPECIMEN D Site: _____

- CHECK MARGINS PUNCH BX SHAVE BX
SNIP BX ALOPECIA BX PUNCH EXCISION
EXCISION SLIDE CONSULT INDIRECT IF (SERUM)
DIF (INVOLVED SKIN) DIF (UNINVOLVED SKIN)

MELANOCYTIC LESION: A: B: C: Diameter _____ cm / mm (circle one) E:
CLINICAL FINDINGS AND DIAGNOSIS: (Required) Does this biopsy capture the entire lesion? Yes No

ANY SPECIAL INSTRUCTIONS

PRIOR BIOPSIES AT UNC

LAB USE ONLY (REPORT #)