



# The Children's Hospital of Philadelphia

Department of Pathology and Laboratory Medicine

## Brain Biopsy Requisition

### Patient Information (Required)

Patient Name				
Address				
Address				
City	State	Zip		
Phone				
DOB	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

### Provider Information (Required)

Referring Institution				
Address				
Address				
City	State	Zip		
Phone	Fax			
Referring Physician				
E-Mail				

### Specimen Information (Required)

Specimen ID#: \_\_\_\_\_  
 Biopsy Date: \_\_\_\_\_  
 Biopsy Site: \_\_\_\_\_

Brain Biopsy

Slides, H&E stained  
 Slides, special or IPOX stained  
 Slides, unstained  
 Blocks  
 Wet tissue in formalin

Send All Specimens To:  
 Department of Pathology and Laboratory Medicine  
 Children's Hospital of Philadelphia  
 34<sup>th</sup> Street and Civic Center Boulevard  
 Room 5NW27 – Main, 5<sup>th</sup> Floor  
 Philadelphia PA 19104-4318  
 215-590-1728  
 215-590-1736 FAX  
 Attention: Neuropathology

### Testing Relevant To Current Problem (Required)

*Please include complete copy of the patient's pathology report, as well as report or copies of imaging studies.*

Clinical Diagnosis: \_\_\_\_\_  
 Clinical History/Family History: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Billing Information (Required)

\*\*\*Please note at this time we are not able to bill the patient's insurance directly for any services we provide \*\*\*

Referring Institution Billing Contact Person				
Billing Address				
City, State, Zip				
Phone	Fax	E-Mail		

### Additional Contact Information

Patient's Physician				Pathologist			
Address				Address			
City, State, Zip				City, State, Zip			
Phone	Fax			Phone	Fax		

### \*\*CHOP Internal Use Only\*\*

Date Received	Received By	CHOP ID			
Assigned Neuropathologist					
Comments					

By using and sending this Requisition Form to CHOP Outreach Lab for laboratory testing, you, the sender, acknowledge and agree that you have read and agree to the CHOP Terms and Conditions posted at [www.chop.edu/labs](http://www.chop.edu/labs) and agree to pay CHOP the rates in CHOP's fee schedule in effect on the date the specimen is received.