

EPIDERMAL NERVE FIBER DENSITY REQUISITION FORM



Bako Diagnostics
 6240 SHILOH ROAD
 ALPHARETTA, GA 30005
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PHYSICIAN/CLINIC INFORMATION

LAB
USE
ONLY

PATIENT INFORMATION

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS			APT. #	
CITY		STATE	ZIP CODE	
PHONE NUMBER				
DATE OF BIRTH / /	AGE	SEX	PATIENT ID	

BILL: INSURANCE PATIENT

BILLING/INSURANCE INFORMATION (Attach a copy of primary / secondary insurance cards — both sides)

SUBSCRIBER NAME/RELATIONSHIP TO SUBSCRIBER: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent		INSURANCE NAME		
MEMBER ID		ADDRESS		
GROUP/CONTRACT #		CITY	STATE	ZIP

ICD-10 CODE

- G60.8 (Other hereditary idiopathic neuropathies)**
- G60.9 (Hereditary and idiopathic neuropathy, unspecified)**
- Other** _____

CLINICAL INFORMATION

DATE COLLECTED ___/___/___ **TIME COLLECTED** ___:___ AM PM **REPEAT BIOPSY**

Shipped in: **Zamboni's/#1** (24-hr maximum exposure) **Cryoprotectant/#3** (after >8 hours Zamboni's fixation and rinse)**

**For specimen fixation and rinsing techniques video instruction is available at www.bakodx.com

Indicate Test Selected: **Epidermal Nerve Fiber Density (ENFD)**
 ENFD and Amyloid Stain** *In Cases of Lymphoma, Myeloma, Familial Amyloidosis, Etc.

Indicate Test Site	Circle Laterality	Circle Laterality	Circle Laterality
Sample A Site	<input type="checkbox"/> Calf L or R	<input type="checkbox"/> Thigh L or R	<input type="checkbox"/> Other _____ L or R
Name			
Sample B Site	<input type="checkbox"/> Calf L or R	<input type="checkbox"/> Thigh L or R	<input type="checkbox"/> Other _____ L or R
Name			
Sample C Site	<input type="checkbox"/> Calf L or R	<input type="checkbox"/> Thigh L or R	<input type="checkbox"/> Other _____ L or R
Name			
Sample D Site	<input type="checkbox"/> Calf L or R	<input type="checkbox"/> Thigh L or R	<input type="checkbox"/> Other _____ L or R
Name			

PHYSICIAN SIGNATURE

The requested test(s) is/are medically indicated for patient management.	I authorize Bako Diagnostics to bill my insurance.
<b style="color: red; font-weight: bold;">SIGNATURE REQUIRED	SIGNATURE _____ DATE ___/___/___

