

## Labeling, Requisition and Collection Instructions

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The Dermatology department **requires** the submission of a **completed** Dermatology Requisition (order) for each tissue specimen or group of tissue specimens submitted for evaluation.

1. Each Dermatology Requisition must be legible and include the following information:
  - a. Patient Identification (either EMR generated demographic label or legibly handwritten at top of requisition) must include at least:
    1. Patient's Name
    2. Medical Record Number/Unit Number
    3. Date of Birth
  - b. Name or designation of Practice/Clinic submitting specimens.
  - c. Name and PI # of Attending Physician.
  - d. Name and PI # of Requesting Physician/Surgeon
  - e. Name and Pager number of Requesting Physician/Surgeon.
  - f. Date/Time of specimen collection.
  - g. Suspected Diagnoses.
  - h. Relevant clinical information.
  - i. Legible, specific and concise anatomic description of each specimen.
  - j. Name or designation of Unit/Ward/Clinic where written report is to be sent.
  - k. Special requests or instructions, such as:
    - I. Special stains or IHC requests

II. Molecular Genomic testing/patient enrolled in Clinical Trials

2. Specimens submitted without requisition or with incomplete requisition may be returned to submitting area for corrective action.
3. For telephone assistance or to schedule in-service training in completing Dermatology Requisitions, please call (916) 734-6373.

**Labeling of Dermatology Specimens**

The Dermatology department **requires** each tissue from multiple specimens from one patient to be properly **labeled**.

A. Each Dermatology **specimen label** must include the following information:

- Patient's Name
- Medical Record Number/Unit Number
- Date of Birth

B. Multiple specimens from the same operative procedure are designated as letters "A", "B"; etc. Each specimen must be listed with a precise description of the anatomic site

C. A number/letter designation corresponding to the number/letter designation on the Dermatology Requisition.

D. Specimens submitted without a label or with incomplete or illegible information may be returned to submitting area for corrective action.

E. For telephone assistance or to schedule in-service training in completing Dermatology specimen labels, please call (916) 734-6373.

Dermatology results can be obtained by contacting the **Client Services at (916) 734-6373 Monday through Friday from 08:30 to 17:30**. The patient's Date of birth, medical record number, or full name are necessary to obtain Dermatology results.

Specimen container and test requisition must be received together, and the label must match the requisition exactly.

# Sending Cases

## For Tissue Cases:

1. Fill out a Requisition Form and include a copy of the patient's insurance information/card.

<b>UCDAVIS HEALTH</b>	Department of Dermatology	Maxwell A. Fung, Director 3301 C Street, Suite 1450 Sacramento, CA 95816 Phone: (916) 734-6373 Toll Free (866) 323-9061 Fax: (916) 442-1053 CLIA# 05D1021511 CAP# 8058352 <a href="https://dermpath.ucdmc.ucdavis.edu">https://dermpath.ucdmc.ucdavis.edu</a>			
<b>Referring Physician:</b> Phone: Fax:  <b>Additional Copies to:</b> Phone: Fax:  <b>Patient Last Name</b> <b>First</b> <b>MI</b> <b>Medical Record or Patient ID # or Specimen #</b> <b>DATE / TIME COLLECTED</b> <b>INITIALS</b>					
Patient SS #	Male <input type="checkbox"/> <input checked="" type="checkbox"/> Female	Age	Birthdate	<input type="checkbox"/> <b>STAT</b>	<input type="checkbox"/> Phone: ( ) <input type="checkbox"/> Fax: ( )
Patient Address				<b>BILL TO</b> <input type="checkbox"/> Client <input type="checkbox"/> Patient* <input type="checkbox"/> Insurance	Attach Copy (Both Sides) of all Insurance Cards
City	State	Zip	Phone #	*NSA Federal requirement to provide patients with an out-of-pocket estimate. *Please check if NSA estimate has been provided. <input type="checkbox"/>	
Previous Biopsy:				Additional Comments: Medicare and Medi-Cal will pay only for tests that meet the Medicare and Medi-Cal coverage criteria and are reasonable and necessary to treat or diagnose an individual patient	
<b>Specimen Type</b>					
A) Biopsy: <input type="checkbox"/> Shave <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) <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Elliptical <input type="checkbox"/> Slide Consultation (attach prev path report) <input type="checkbox"/> Direct Immunofluorescence		Site	Clinical Diagnosis/Description		
B) Biopsy: <input type="checkbox"/> Shave <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) <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Elliptical <input type="checkbox"/> Slide Consultation (attach prev path report) <input type="checkbox"/> Direct Immunofluorescence		Site	Clinical Diagnosis/Description		
C) Biopsy: <input type="checkbox"/> Shave <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) <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Elliptical <input type="checkbox"/> Slide Consultation (attach prev path report) <input type="checkbox"/> Direct Immunofluorescence		Site	Clinical Diagnosis/Description		

2. Place tissues in formalin bottles and place them in a biohazard bag. Fold the requisition form and insert it into the pocket of the biohazard bag, then insert the bag in a specimen shipping box.

Please contact Client Services at (916) 734-6373 if you need additional FedEx and shipping supplies.



4. Place the specimen shipping box into a FedEx Clinical Pak, seal, and attach a completed pre-printed FedEx Priority Overnight Airbill.

Call FedEx for pick up or drop off at a FedEx location.



[Additional Derm Packaging Instructions](#)

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## Notes for Immunofluorescence:

For **direct immunofluorescence**, place tissue specimen into the Michel's transport solution for direct immunofluorescence (green color lid) that we provide. Store at room temperature.

For further instructions, please see our [DIF\\*\\* Biopsy Guidelines](#).

If H&E is also requested for histology correlation, include tissue placed in a formalin bottle.

*\*\*DIF bottles are filled with Michel's solution, different from the formalin bottles, and expire as indicated by the date on each bottle.*