CND Life Sciences™

SMALL-FIBER DX™ REQUISITION FORM

☐ Small-Fiber Dx™ Panel for Small Fiber Neuropathy

Small-Fiber Dx is an anatomical pathology test to objectively visualize and measure intraepidermal nerve fiber density (IENFD) to support a diagnosis of small fiber neuropathy. Small-Fiber Dx includes a modified Congo Red stain to identify amyloid deposition to support a diagnosis of amyloidosis and hematoxylin and eosin (H&E) for skin histology.

Individual Test Options ☐ IENFD (PGP 9.5) + Skin histology (H&E) ☐ Amyloidosis (Congo Red) + Skin histology (H&E)

INCLUDE ALL INFORMATION BELOW TO AVOID PROCESSING DELAYS. PROCESSING MAY NOT PROCEED IF NOT INCLUDED. INCLUDE PRINTED COPIES WITH SPECIMEN SHIPMENT.

☐ Primary insurance card (front/back) ☐ Government issued ID (front/back) ☐ Patient demographic information (face sheet, etc.)
☐ Secondary insurance card (front/back) ☐ Relevant medical records ☐ Nerve conduction study (if available) ☐ Assignment of benefits

CPT codes for standard Small-Fiber Dx panel: 88305 x 3, 88314 x 3, 88346 x 2, 88350 x 1, 88356 x 3
Codes and units reflect standard biopsy sites and number of biopsies. Codes and units may vary if non-standard number of biopsies are used.

PATIENT INFORMATION

First Name | Middle Initial | Last Name / Surname

Phone Number | Date of Birth (Month/Day/Year)

Sex at Birth
☐ Male
☐ Female
Gender Identity: _____

ICD-10 Codes
☐ G60.3 Idiopathic Neuropathy
☐ M79.2 Neuralgia & Neuritis, Unspecified
☐ Other: _____

Street Address | City | State

ZIP or Postal Code | Email Address

Primary Insurance Name/Member ID | Secondary Insurance Name/Member ID | Other Insurance Name/Member ID

PRACTICE INFORMATION

Ordering Physician/Clinician | Physician NPI (US) or Clinician ID Number (International)

Practice Name

Street Address | City | State

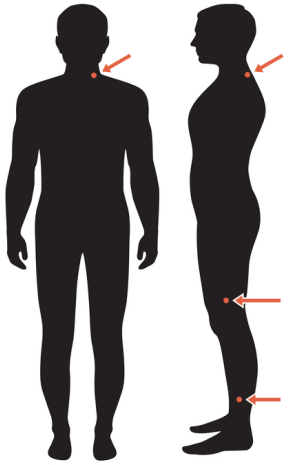
ZIP or Postal Code | Country (International Only)

Phone Number | Fax Number | Email Address

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS DOCUMENT.
MISSING INFORMATION MAY CAUSE DELAYS.

3 MM SKIN BIOPSY SPECIMEN INFORMATION

Standard Biopsy Site Guidelines



Posterior Cervical - 3 cm laterally from C7 vertebrae

Distal Thigh - 10 cm above lateral knee

Distal Leg - 10 cm above lateral malleolus

Clinician Performing Biopsy

Physician NPI (US) or Clinician ID Number (International)

Date of Specimen Collection (Month/Day/Year)

Time of Specimen Collection

☐ AM ☐ PM

Biopsy Sites	Side (Choose One)		Location (Choose One)				
Specimen 1	☐ Right	☐ Left	☐ Posterior Cervical	☐ Distal Thigh	☐ Distal Leg	☐ Other: _____	
Specimen 2	☐ Right	☐ Left	☐ Posterior Cervical	☐ Distal Thigh	☐ Distal Leg	☐ Other: _____	
Specimen 3	☐ Right	☐ Left	☐ Posterior Cervical	☐ Distal Thigh	☐ Distal Leg	☐ Other: _____	

The undersigned certifies that he/she is licensed to order the test(s) selected and that such test(s) are medically necessary for the care/treatment of this patient.

Authorized Signature

Date

For Internal Use Only

Case # _____ Date Received _____ # of Biopsies _____ Biopsy Locations _____ Initials _____

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