

**UC SAN DIEGO DERMATOPATHOLOGY LABORATORY**  
 DEPARTMENT OF DERMATOLOGY  
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 Laboratory Director  
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<b>CLINICAL PRACTICE LOCATION:</b>	<b>ORDERING PROVIDER:</b>	<b>DATE OF SERVICE:</b>
<b>PATIENT NAME:</b>	<b>DATE OF BIRTH:</b>	<b>GENDER:</b>
<b>SSN# or MRN:</b>		

- **Please attach a copy of the patient's demographics/facesheet (plus insurance card when applicable)**
- Please attach the relevant clinical history either using an internal biopsy requisition form from your clinic or by utilizing the form below.
- **Please call courier (JIM) at 858-775-2110 for specimen pick-up**

A) <input type="checkbox"/> BIOPSY INTERPRETATION <input type="checkbox"/> SLIDE CONSULTATION <input type="checkbox"/> OTHER/PLEASE SPECIFY: ANATOMICAL SITE: _____ CLINICAL DIAGNOSIS / DESCRIPTION: _____ _____
B) <input type="checkbox"/> BIOPSY INTERPRETATION <input type="checkbox"/> SLIDE CONSULTATION <input type="checkbox"/> OTHER/PLEASE SPECIFY: ANATOMICAL SITE: _____ CLINICAL DIAGNOSIS / DESCRIPTION: _____ _____
C) <input type="checkbox"/> BIOPSY INTERPRETATION <input type="checkbox"/> SLIDE CONSULTATION <input type="checkbox"/> OTHER/PLEASE SPECIFY: ANATOMICAL SITE: _____ CLINICAL DIAGNOSIS / DESCRIPTION: _____ _____
D) <input type="checkbox"/> BIOPSY INTERPRETATION <input type="checkbox"/> SLIDE CONSULTATION <input type="checkbox"/> OTHER/PLEASE SPECIFY: ANATOMICAL SITE: _____ CLINICAL DIAGNOSIS / DESCRIPTION: _____ _____

For any other inquiries, please feel free to contact our Dermatopathology Team for assistance:  
[dermatopathology@ucsd.edu](mailto:dermatopathology@ucsd.edu)  
 858-657-1285 or 858-657-1638  
 Fax: 858-657-1610