

UC SAN DIEGO DERMATOPATHOLOGY LABORATORY
DEPARTMENT OF DERMATOLOGY
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 SAN DIEGO, CA 92122-0975
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 TEL: 858-657-1285
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CLINICAL PRACTICE LOCATION:	ORDERING PROVIDER:	DATE OF SERVICE:
PATIENT NAME:	DATE OF BIRTH:	GENDER:
SSN# or MRN:		

- **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.
- Any additional information can be received via fax 858-657-1610 or email dermatopathology@ucsd.edu

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
 858-657-1285 or 858-657-1638
 Fax: 858-657-1610