



HISTOPATHOLOGY REQUESTS  
(Please Fill Out Completely)

CLINICAL DIAGNOSIS/RULE OUTS:

TISSUE ORIGINATION (LIST SITES OR USE DIAGRAM):

CONDITION:  GENERALIZED  LOCALIZED

LESIONS/FINDINGS, IF PRESENT:

- REDNESS       THICKENED SKIN       VESICLES  
 PUSTULES       HAIR LOSS       SCALE/CRUST  
 ULCERATION       PRURITIS  
 OTHER:

OTHER CLINICAL CONDITIONS PRESENT:

DURATION OF PROBLEM:

LIST ANY MEDICATIONS ADMINISTERED PRIOR TO/DURING DEVELOPMENT OF SKIN CONDITION:

CLIENT AUTHORIZATION/SIGNATURE

By my signature, I authorize the MVRDL to perform all necessary testing (including tests contracted to other labs) to determine the cause of death or disease in my submission, and agree to pay all fees associated with the submission.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\$ \_\_\_\_\_  
DEPOSIT RECEIVED AT SUBMISSION