



**JHML SURGICAL PATHOLOGY CONSULTATION**  
**Nerve and Muscle Requisition Form**

**Ship Specimens to:**

The Johns Hopkins Medical Institutions  
Department of Pathology  
ATTN: Surgical Pathology – Nerve/Muscle Biopsy  
600 N. Wolfe Street  
Pathology Bldg, Room 700  
Baltimore, MD 21287  
Phone: (410) 955-3620 or (410) 502-7260

**Referring Institution**

Name of Institution:	
Address:	
Phone #:	Fax #:
Referring Pathologist:	Attending Physician:

**Patient Information**

Name (Last, First M):		
Address:		
City:	State:	Zip Code:
Date of Birth:	Hospital ID #:	Sex: M / F

**BRIEF CLINICAL HISTORY:**

Identification of muscle/nerve site:	
Collection Date:	Collection Time: