
Reporting Title: Dermatopathology Consult**Performing Location:** Rochester**Ordering Guidance:**

This test is only for a dermatopathology wet tissue consultation. For a dermatologic consultation on paraffin embedded tissue and slides, order PATHC / Pathology Consultation.

Shipping Instructions:

Attach the green "Attention Pathology" address label (T498) to the outside of the transport container before putting into the courier mailer.

Necessary Information:

All requisition and supporting information must be submitted in English.

Each of the following items is required:

1. All requisitions must be labeled with:

-Patient name, date of birth and medical record number

-Name and phone number of the referring pathologist or ordering physician

-Anatomic site and collection date

2. A brief patient history is essential to achieve a consultation fully relevant to the ordering clinician's needs.

3. Preliminary diagnosis or differential diagnosis

4. Clinical and/or dermoscopic images should be included if available. Submit with the request via Epic Care Everywhere, Mayo Clinic Image Share, or external storage device.

Specimen Requirements:

Supplies: Dermatopathology Media (T101)

Sources: Skin or oral mucosa

Container/Tube: Screw-capped container or vial containing 10% formalin

Specimen Volume: Entire specimen

Collection Instructions: For scalp biopsies: when the differential diagnosis includes a scarring alopecia, 2 separate 4-mm punch biopsies are recommended (1 for vertical and 1 for horizontal sections). If a single scalp biopsy is received with the clinical diagnosis of a scarring alopecia, the specimen will be processed with horizontal sections.

Additional Information: STAT requests are not accepted for this test.

Specimen Minimum Volume:

Size needed depends on diagnosis and size of lesion.

Specimen Type	Temperature	Time	Special Container
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Tissue	Ambient	
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Ask at Order Entry (AOE) Questions:

Test ID	Question ID	Description	Type	Reportable
DEXT	Q0000038	Biopsy site?	Plain Text	No
DEXT	Q0000201	Clinical Diagnosis/Patient History:	Plain Text	No
DEXT	Q0000025	Contact physician name?	Plain Text	No

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
71139	Interpretation	Alphanumeric		33746-9
71140	Participated in the Interpretation	Alphanumeric		No LOINC Needed
71141	Report electronically signed by	Alphanumeric		19139-5
71142	Addendum	Alphanumeric		35265-8
71143	Gross Description	Alphanumeric		22634-0
71582	Disclaimer	Alphanumeric		62364-5
71854	Case Number	Alphanumeric		80398-1

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88302 (if appropriate)

88304 (if appropriate)

88305 (if appropriate)

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
LEV2P	Level 2 Gross and microscopic			No	No
LEV3P	Level 3 Gross and microscopic			No	No
LEV4P	Level 4 Gross and microscopic			No	No

Reference Values:

Diagnosis and description of microscopic findings