

CLIA # 11D2154238 6270 McDonough Drive, Suite G Norcross, GA 30093 Phone: (770) 988-6951 www.nextgenomixlab.com

CONSENT FOR SKIN BIOBSY

Epidermal Nerve Fiber Density Evaluation: Subcutaneous tissue be and nerve conditions and diseases.	iopsies to diagnose or rule out skin
I hereby request and authorize, her choice to perform the skin biopsy for subcutaneous tissue and r (patient name)	, and/or his/her associates and assistants of his/ nerve evaluation on:
I understand that this procedure has some risks which may include bleeding, infection or allergy to latex or local anesthetic.	de a scar (which may be permanent), pain,
I have had the opportunity to ask questions and have had those of information so that I have an understanding of:	questions answered, and have received sufficient
 My current medical condition The nature of the procedure The benefits of the procedure The usual and most frequent risks of the procedure The risks and benefits of alternative treatment(s) The prognosis of my condition with and without the procedure The post-biopsy care instructions 	
Based on my discussion with my physician and the informatio procedure. I understand that the practice of medicine is not an econcerning the results of the procedure.	n that I have received, I give my consent to the exact science and no guarantees have been made
I authorize NextGenomix Laboratories to obtain and provide my in perform any other activity (including appeal) that is needed to reconstruct the payment directly to NextGenomix Laboratories. I agree to submit these services that are paid to me directly. I agree to the terms	ceive payment for services and make such it to NextGenomix Laboratories any payment for
I confirm that I have read this form, or that it was read to me, that that do not apply were crossed out before I signed below.	t all blank spaces were filled in and all sections
Signature of Patient (or person authorized to sign for the patient)	Date
	_
Relationship to Patient	



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PROCEDURE NOTE FOR THE CHART

PATIENT NAME

Epidermal Nerve Fiber Density Evaluation: Subcutaneous tissue biopsies to diagnose or rule out skin and nerve conditions and diseases.

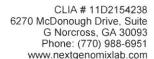
PATIENT NAME					DOB			
PHYSICIAN NAME					DATE			
An informed consent was obtained and the signed copy is in the patient's file.								
PROCEDURE								
The patient was placed in the supine position for the procedure. After measurements were obtained and alcohol prep was done, 1.0 cc of 1 % Lidocaine with Epinephrine was used as local anesthetic. The first 3 mm punch biopsy with a dermal punch was obtained from the:								
□RT	□ LT	☐ Proximal Thigh	☐ Distal thigh	□ Calf	□ Foot			
The above procedure was repeated and a second 3 mm punch biopsy with a dermal punch was obtained from the:								
□RT	□ LT	☐ Proximal Thigh	☐ Distal thigh	□ Calf	□ Foot	o		
The above procedure was repeated and a third 3 mm punch biopsy with a dermal punch was obtained from the:								
□ RT	□ LT	☐ Proximal Thigh	☐ Distal thigh	□ Calf	□ Foot	o		
The above procedure was repeated and a fourth 3 mm punch biopsy with a dermal punch was obtained from the:								
□ RT	□ LT	☐ Proximal Thigh	☐ Distal thigh	□ Calf	□ Foot			
The above procedure was repeated and a fifth 3 mm punch biopsy with a dermal punch was obtained from the:								
□ RT	□ LT	☐ Proximal Thigh	☐ Distal thigh	□ Calf	□ Foot			
The above procedure was repeated and a sixth 3 mm punch biopsy with a dermal punch was obtained from the:								
□RT	□ LT	☐ Proximal Thigh	☐ Distal thigh	□ Calf	□ Foot			

The samples were placed in the fixative vials and will be processed for tissue and nerve fiber density.

Samples will be sent to NextGenomix Laboratories located at 6270 McDonough Dr Suite G, Norcross, GA 30093.

Bleeding was controlled and bandage(s) were placed over the biopsy sites. The procedure was tolerated.

The patient was provided with Post Skin Biopsy After Care Instructions.





Post Skin Biopsy-After Care Instructions

- 1. Leave the band-aids or dressings in place for the remainder of the day, on the day the biopsies are performed.
- 2. The day after the biopsies, change band-aids daily.
- 3. Showering is permitted the day after the biopsies. Leave the band-aids in place while you shower and change them after the areas are dry.
- 4. Do not soak in a bathtub or swim while the band-aids are still in use to cover the biopsy areas.
- 5. Band-aids are typically needed for 5 to 7 days, but could be required for up to 2 weeks.
- 6. Hydrogen peroxide is recommended if the biopsy sites need to be cleaned.
- 7. Continue to change the band-aids daily, until the biopsy sites are closed.
- 8. Refrain from performing extremely strenuous activity on the day of the procedure (such as running or heavy lifting).
- 9. After the biopsy sites close, the area may look slightly red or darker than the rest of your skin. This discoloration will gradually fade and blend back with your normal skin color.
- 10. It is normal for the biopsy sites to bleed a small amount or drain pink fluid for one or two days, after the biopsies. They should not bleed excessively (i.e., through the band-aid) after that time. The biopsy sites should never drain pus. If you do experience significant bleeding, redness, infection, or other problems, call your doctor's office. It is very rare for complications to occur during the healing period.