



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 biopsies to diagnose or rule out skin and nerve conditions and diseases.*

I hereby request and authorize, \_\_\_\_\_, and/or his/her associates and assistants of his/her choice to perform the skin biopsy for subcutaneous tissue and nerve evaluation on:  
(patient name) \_\_\_\_\_

I understand that this procedure has some risks which may include a scar (which may be permanent), pain, bleeding, infection or allergy to latex or local anesthetic.

I have had the opportunity to ask questions and have had those questions answered, and have received sufficient information so that I have an understanding of:

1. My current medical condition
2. The nature of the procedure
3. The benefits of the procedure
4. The usual and most frequent risks of the procedure
5. The risks and benefits of alternative treatment(s)
6. The prognosis of my condition with and without the procedure
7. The post-biopsy care instructions

Based on my discussion with my physician and the information that I have received, I give my consent to the procedure. I understand that the practice of medicine is not an exact science and no guarantees have been made concerning the results of the procedure.

I authorize NextGenomix Laboratories to obtain and provide my insurance company all necessary information and perform any other activity (including appeal) that is needed to receive payment for services and make such payment directly to NextGenomix Laboratories. I agree to submit to NextGenomix Laboratories any payment for these services that are paid to me directly. I agree to the terms and conditions contained at [Nextgenomixlab.com](http://Nextgenomixlab.com).

I confirm that I have read this form, or that it was read to me, that all blank spaces were filled in and all sections that do not apply were crossed out before I signed below.

\_\_\_\_\_  
Signature of Patient (or person authorized to sign for the patient)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient



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**PROCEDURE NOTE FOR THE CHART**

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:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a second 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a third 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a fourth 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a fifth 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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The above procedure was repeated and a sixth 3 mm punch biopsy with a dermal punch was obtained from the:

<input type="checkbox"/> RT	<input type="checkbox"/> LT	<input type="checkbox"/> Proximal Thigh	<input type="checkbox"/> Distal thigh	<input type="checkbox"/> Calf	<input type="checkbox"/> Foot	<input type="checkbox"/> _____
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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.*



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## 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.