

NORTON CHILDREN'S HOSPITAL ELECTRON MICROSCOPY LABORATORY

CILIA EM REQUISITION

Nasal Brushing and Respiratory Mucosa Specimens are processed for Thin Preparation Microscopy for comprehensive cilia ultrastructural analysis.

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Date of order: _____

Referring Physician:

Copy of Report to:

Name: _____

Name: _____

Institution: _____

Telephone number: _____

Telephone number: _____

Fax number: _____

Fax number: _____

Same as Referring Physician

M.D./PhD.

PHYSICIAN SIGNATURE

SPECIMEN REQUIREMENTS AND INSTRUCTIONS:

❖ Collect specimen in 3% glutaraldehyde. If necessary, please call to have glutaraldehyde vials sent in advance. Send specimen at ambient temperature via overnight delivery. Specimens are accepted 7 days a week. Turnaround time is approximately 48 business hours from specimen delivery.

❖ **Please also send Patient Financial sheet**

SPECIMEN DELIVERY ADDRESS:

Attn Dr. Jessica Hata
Norton Children's Hospital Electron Microscopy Laboratory
231 East Chestnut Street, Pathology Suite Number 260
Louisville, Kentucky 40202
Tel: (502) 629-7900
Fax: (502) 629-7906

