

# Skin Biopsy Report

## Institution Information

Institution Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_

ID / MRN: \_\_\_\_\_

Age: \_\_\_\_\_

Sex:

Male

Female

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Clinical Information

Referring Physician: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Specimen Received: \_\_\_\_\_

Report Date: \_\_\_\_\_

## Specimen Details

Type of Specimen: \_\_\_\_\_

Location: \_\_\_\_\_

Procedure:

- Punch Biopsy
- Excision
- Other: \_\_\_\_\_

**Clinical History:** \_\_\_\_\_

**Clinical Diagnosis:** \_\_\_\_\_

## Macroscopic Examination

### Gross Description:

- **Size:** \_\_\_\_\_ (length x width x height in mm or cm)
- **Color:** \_\_\_\_\_
- **Texture:** \_\_\_\_\_ (e.g., smooth, rough, nodular)
- **Shape:** \_\_\_\_\_ (e.g., round, irregular)
- **Consistency:** \_\_\_\_\_ (e.g., firm, soft, cystic)
- **Surface Characteristics:** \_\_\_\_\_ (e.g., ulcerated, intact)
- **Other Notable Features:** \_\_\_\_\_

## Microscopic Examination

### Special Stains and Tests: (check all that apply)

- Immunohistochemistry
- In Situ Hybridization
- Other: \_\_\_\_\_

### Notes:

## Additional Studies

**Molecular Studies:** \_\_\_\_\_

**Genetic Analysis:** \_\_\_\_\_

**Flow Cytometry:** \_\_\_\_\_

## Diagnosis

**Final Diagnosis:** \_\_\_\_\_

Comment: \_\_\_\_\_

## Pathologist

Name: \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Notes

---

*Note: This is a confidential patient document and should be handled in accordance with privacy laws and institutional policies.*