

MUSCLE / NERVE BIOPSY REQUEST FORM

** Mandatory Questions*

**Please tick* IN PATIENT OUT PATIENT (D5/R3) SPECIMEN REFERRAL

*Hospital No *Surname *Forename

*Date of Birth

Address

*Consultant Physician & Operating Surgeon / Hospital for report

*HISTORY, SYMPTOMS & RATE OF ONSET

*SIGNS

*Provisional Diagnosis questions to be addressed?

*Anatomical site of muscle / nerve biopsy
(If other than quadriceps please arrange biopsy with surgeon & copy request to the lab)

*Current medication (Steroids, myotoxic & neurotoxic drugs etc)

*Haemorrhagic diathesis? (clinical observation only but:-)
(1 - If yes please do clotting screen. 2. If on Warfarin please stop 4 days prior to bx & arrange PT on day of bx.
3. If on Aspirin please stop 3 days before bx. 4. If on Heparin please stop 1 day before biopsy)

*Known infectious disease Yes / No. Please specify

*Has patient had EMG/NCS? Results?

*What is the CK?

*Has patient had previous biopsy? Where? Result?

*Requesting Doctor Bleep & Phone No

NB: If this patient has Cardio-Respiratory compromise, is wheelchair bound or needs mx bx other than quadriceps, a request for muscle biopsy should be sent to a surgeon and copied to the Neuropathology laboratory

FAILURE TO SUBMIT COMPLETED REQUEST FORM MAY DELAY THE BIOPSY REPORT AND WILL LIKELY LIMIT INTERPRETATION OF ANY ABNORMALITY
DGOD / HP 01/03/12