

# **MUSCLE & NERVE BIOPSY ANALYSIS REQUEST FORM**

University of Wisconsin Hospital and Clinics  
600 Highland Avenue, Neuromuscular Laboratory, H6/547  
Madison, Wisconsin 53792  
Phone (608) 263-9184 Fax (608) 265-7240

## **PATIENT INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_  
Date of Biopsy: \_\_\_\_\_  
Time of Biopsy: \_\_\_\_\_  
Tissue Source: \_\_\_\_\_  
Clinical Diagnosis: \_\_\_\_\_

## **STUDIES REQUESTED:**

Histochemical/Enzyme Studies: \_\_\_\_\_  
(completed on all muscle biopsies)  
Electron Microscopy Studies: select one  
If Needed: \_\_\_\_\_  
Definitely Yes: \_\_\_\_\_  
Definitely No: \_\_\_\_\_  
UWHC Lab Number: \_\_\_\_\_

Brief History of Illness: \_\_\_\_\_

Relevant Family History: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Physical Examination Findings: \_\_\_\_\_

Neurological Examination: \_\_\_\_\_

Weakness/Sensory Loss: \_\_\_\_\_

EMG Findings: \_\_\_\_\_

CPK - Current: \_\_\_\_\_ CPK - Previous: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

## **BILLING INFORMATION:** (select one)

Bill: Hospital/Clinic  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Bill: Medical Assistance or Medicare  
Number: \_\_\_\_\_

## **REQUESTING PHYSICIAN:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
NPI# (10 digits): \_\_\_\_\_

## **SEND COPY OF REPORTS TO:**

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

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

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

## **REQUEST FORM COMPLETED BY:**

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

## **NEUROMUSCULAR LABORATORY PROTOCOL/PROCEDURE FOR SENDING NERVE BIOPSY SPECIMENS**

University of Wisconsin Hospital and Clinics, 600 Highland Avenue, Neuromuscular Laboratory, H6/547, Madison, WI 53792

1. Call Neuromuscular Laboratory personnel with as much advance notice as possible to inform them that a nerve biopsy will be sent to the University of Wisconsin Hospital and Clinics (UWHC) for processing.  
(Jean or Cindy at: 608-263-9184)
2. Supply the UWHC Neuromuscular Laboratory with the following information:
  - A. Institution performing the procedure and sending the nerve sample.
  - B. Institution contact person and telephone number
  - C. Scheduled date of nerve biopsy procedure
  - D. Patient's full name
3. Size of nerve biopsy specimen requested to be sent to UWHC for processing:
  - A. Adult nerve biopsy – minimal length 3.0cm
  - B. All nerve biopsy samples will be processed for: Plastic sections/EM, teased fibers, paraffin sectioning (if sufficient tissue is received) and frozen sectioning (if requested).
4. For optimal results nerve biopsy tissue should be fixed as soon as possible after excision and sent to UWHC in fixative. Nerve biopsy sample should be handled and sent in the following manner:
  - A. For a 3.0cm length of nerve biopsy:
  - B. Lay nerve specimen straight out on a piece of index card; allow to sit 1-2 minutes for nerve to adhere to the card. Divide into segments while attached to index card.
  - C. 1.0cm in 10.0% formalin
  - D. 2.0cm in 2.5% glutaraldehyde
  - E. If vasculitis is suspect reserve 0.2 to 0.5cm segment of nerve and send fresh on saline dampened gauze.
  - F. If smaller or greater than 3.0cm of nerve is received divide 1/3 for formalin, 2/3 glutaraldehyde fixation.
  - G. In tightly sealed containers labeled with patient name, biopsy site and fixative.
  - H. Containers with tissue should be packed in regular ice (not dry ice) or sandwiched between frozen cold packs in a Styrofoam shipping container.
  - I. Include available patient clinical information and completed UWHC "Muscle and Nerve Biopsy Analysis Request Form".
  - J. Address shipping container for delivery to:  
**University of Wisconsin Hospital and Clinics  
600 Highland Avenue-Main Information Desk  
Madison, WI 53792  
Upon arrival call: Neuromuscular Laboratory, H6/547 at 608-263-9184**
  - K. Call Neuromuscular Laboratory personnel with time of biopsy departure from institution.
5. If requested in advance a Nerve Fixation Kit can be sent to expedite fixation on site.
6. Shipping of the nerve biopsy specimen to UWHC should be done on the same day as the biopsy procedure.
7. UWHC will bill the institution sending the nerve sample for: Complex nerve dissection, nerve fiber teasing, electron microscopy and pertinent special stains.
8. Nerve biopsies are read on a weekly basis each Tuesday afternoon. Reports are generated following the Tuesday Neuromuscular Conference and will be forwarded to the sending institution and requesting physicians. Upon request or if patient medical history warrants, nerve biopsy stains will be reviewed and preliminary results reported prior to the Tuesday Conference.
9. Feel free to contact the UWHC Neuromuscular Laboratory personnel with any questions.  
608-263-9184 (Jean or Cindy)  
608-265-7240 (fax number)