

MUSCLE & NERVE LABORATORY PROTOCOL/PROCEDURE FOR SENDING SURAL NERVE BIOPSY SPECIMENS



UW HEALTH MUSCLE & NERVE LABORATORY
600 HIGHLAND AVENUE
MADISON, WI 53792-5132
PHONE: 608-263-9184 FAX: 608-265-7240

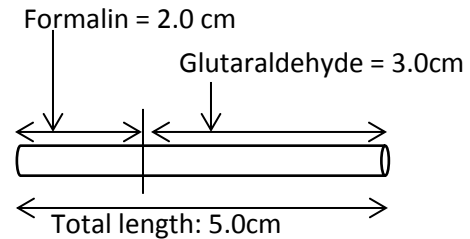
Instructions for Tissue Preparation, Packaging and Shipping Human Tissue: Always use universal precautions

Nerve Biopsy Kit Contents:

Combine vials A & B on the day of biopsy prior to fixation.

- Vial A: 12.0ml – Sodium Cacodylate Buffer (EM fixative)
- Vial B: 5.0ml - 8% Glutaraldehyde (EM fixative)
- Vial C: 10.0ml – 10% Formalin
- Index Card paper
- Styrofoam container
- One sealed biohazard bag
- Patient information form

Store solutions at 4°C for up to 1 year.



1. NOTIFY THE MUSCLE & NERVE LABORATORY

Please call 608-263-9184 a minimum of 24 hours before the biopsy is performed. The specimen should arrive in our laboratory between 9am and 4pm, Monday to Friday (no later than 4pm). **Fed-Ex specimens should be sent Monday through Thursday only.** If the sample is collected on Friday or on a day prior to a holiday the specimen will require same day delivery to UWHC by your local courier. Please call 608-263-9184 to verify. If a planned biopsy is cancelled or postponed, please let us know.

2. SPECIMEN SPECIFICATIONS (OPERATING ROOM)

The sural nerve biopsy should have a minimum length of 3.0cm, preferably 5.0cm in length. In the OR the fresh nerve must be placed on a flat surface, straight as possible and immediately sent to the pathology department. The specimen must **NOT** be immersed in saline.

3. FRESH SPECIMEN HANDLING (PATHOLOGY DEPARTMENT)

- Lay nerve specimen straight out on a piece of index card; allow to sit 1-2 minutes for nerve to adhere to the card.
 - Combine vial A into vial B
- Divide into segments while attached to index card.
 - Place: 2.0cm on index card into 10% Formalin (Vial C)
 - Place: 3.0cm on index card into 2.5% Glutaraldehyde (Vial A+B)

Note: If smaller or greater than 5.0cm of nerve is received divide 1/3 for formalin, 2/3 for glutaraldehyde fixation.

- Place both sealed vials (C and A+B), labeled with patients name and biopsy site, into sealed biohazard bag.
 - Place into the provided Styrofoam container with cold gel pack.
 - Include any available patient information and the completed UW Health Muscle & Nerve Biopsy Analysis Request form.
- Address shipping container for delivery to:
University of Wisconsin Hospital and Clinics
600 Highland Avenue - Loading Dock, Room D4/136
Madison, WI 53792
Upon arrival call: Muscle & Nerve Laboratory 608-263-9184
 - Call Muscle & Nerve Laboratory personnel with the package tracking number.

MUSCLE & NERVE BIOPSY ANALYSIS REQUEST FORM



University of Wisconsin
Hospital and Clinics

PLEASE ADDRESS SHIPPING CONTAINER:
UW HEALTH MUSCLE & NERVE LABORATORY
600 HIGHLAND AVENUE – LOADING DOCK D4/136

MADISON, WI 53792
UPON ARRIVAL CALL: 608-263-9184

PATIENT INFORMATION:

NAME:

ADDRESS:

CITY/STATE/ZIP:

D.O.B.:

SEX:

MALE

FEMALE

SPECIMEN COLLECTION INFORMATION:

SKELETAL MUSCLE BIOPSY SITE(S):

COLLECTION DATE:

COLLECTION TIME:

AM/PM

SURGEON:

PHONE #:

PERIPHERAL NERVE BIOPSY SITE(S):

COLLECTION DATE:

COLLECTION TIME:

AM/PM

SURGEON:

PHONE #:

CLINICAL INFORMATION:

CLINICAL DIAGNOSIS:

ICD-9 CODE:

CLINICAL HISTORY (IF CURRENT H&P IS NOT ATTACHED):

EVALUATE FOR:

SYMPTOMS (CIRCLE ALL THAT APPLY): WEAKNESS CRAMPS MYALGIA

DURATION: _____ YEARS _____ MONTHS _____ WEEKS

EMG FINDINGS:

CPK CURRENT: (/ /2014)

CPK PREVIOUS: (/ /20)

BILLING INFORMATION:

HOSPITAL/CLINIC NAME:

REQUESTING PHYSICIAN:

ADDRESS:

CITY/STATE/ZIP:

PHONE #:

FAX #:

MEDICAL ASSISTANCE: YES NO

MEDICARE: YES NO

PLEASE NOTE THAT IF MEDICAL ASSISTANCE OR MEDICARE ARE TO BE BILLED AN ATTACHED COPY OF THE PATIENT DEMOGRAPHICS AND INSURANCE CARD IS REQUIRED.

REPORT INFORMATION:

HOSPITAL/CLINIC NAME:

REQUESTING PHYSICIAN:

ADDRESS:

CITY/STATE/ZIP:

REQUEST FORM COMPLETED BY: