

# MUSCLE & NERVE LABORATORY PROTOCOL/PROCEDURE FOR SENDING SKIN PUNCH 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

### Skin Biopsy Kit Contents:

**Combine vials A + B + Pkg 1 on the day of biopsy prior to fixation.**

- Vial A (white top): 10/0ml 8.0% Paraformaldehyde
- Vial B (red top): 30.0ml – Lysine Stock Buffer
- Package 1: Sodium m-Periodate Powder (approximately 0.10g)
- 2 empty blue top specimen vials
- Shipping container, including biohazard bag, and ice pack, FedEx bag and shipping label
- Patient information form

Store solutions at 4°C for up to 4 weeks

### 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 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.

Note: If biopsies do take place on a Friday – please call the laboratory to discuss delivery options.

### 2. SPECIMEN SPECIFICATIONS

The skin punch biopsy should be 3mm punch. If using a larger punch, please note on the Patient Information form. The skin biopsies should be placed into the specimen vials with fixation solution as soon as possible (in the procedure room). The vials should be labeled with patient's name and location of biopsy.

### 3. FRESH SPECIMEN HANDLING

- Combine vial A, vial B, and package 1, mix well.  
- Pour some solution into both blue top specimen vials.
- Place each specimen site into individual vials, label with patient's name and biopsy site location.  
- Secure the lid(s), and place into sealed biohazard bag in the shipping container with the ice pack.  
- Include any available patient information and the completed UW Health Epidermal Nerve Analysis Request form.
- Place the shipping container into the included FedEx shipping bag, complete the FedEx shipping label attach to the bag.  
  
- Call Muscle & Nerve Laboratory personnel with the package tracking number.

- Shipping address is:

**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**

# EPIDERMAL NERVE ANALYSIS REQUEST FORM



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:

SKIN PUNCH BIOPSY SITE(S):

SITE # 1:

SITE # 2:

COLLECTION TIME:

AM/PM

SITE # 3:

PHONE #:

COLLECTION DATE:

SURGEON:

## CLINICAL INFORMATION:

CLINICAL DIAGNOSIS:

ICD-9 CODE:

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

EVALUATE FOR:

SYMPTOMS:

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:

NAME:

DATE:

PHONE #: