

Muscle/Nerve Biopsy Referral Form

**Separate form for needle muscle biopsies*

Patient details

Name:
DOB:
Gender:
Contact number:
Hospital No.
Consultant:

Referring clinician details

Name:
Contact number:
Department:

MRSA Status Checked:

Swabs to be taken at time of decision to biopsy in outpatients

	YES	NO
Is the patient on antiplatelet agent eg. aspirin, clopidogrel?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient on anticoagulation therapy eg. warfarin?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have a known bleeding tendency/risk?	<input type="checkbox"/>	<input type="checkbox"/>
Does the patient have a transmissible disease?	<input type="checkbox"/>	<input type="checkbox"/>
Has patient been informed of risks/side-effects of procedure?	<input type="checkbox"/>	<input type="checkbox"/>
Has neuropathologist been sent letter/email with clinical background?	<input type="checkbox"/>	<input type="checkbox"/>
Has patient consented to biopsy storage/research?	<input type="checkbox"/>	<input type="checkbox"/>

Please ensure that a hard copy of this referral form is filed in the medical notes.

Urgency : < 2 weeks
2-4 weeks
routine

PMH: (including allergies)

Biopsy site and side:

Provisional diagnosis:

Drugs:

Samples for (tick box)

NSG MIU referral

Mitochondrial Sample Analysis

Mito Biochem+Histo

Mito DNA analysis

Referrer Signature:

Email "Biopsy Inbox"; post "Biopsy Inbox, Plastic Surgery" **FAO: Mr Mogdad Alrawi**
Muscle & Nerve Team **MUST** be contacted on 29133 prior to **URGENT** biopsy requests.

Histopathology Laboratory No:

Histopathology Request

Muscle/Nerve Requests ONLY.

Laboratory use only

Time Received

Assigned to.....

Typed by.....

Report Telephoned.....

Weight.....

Blocks processed.....

Issued PATH:

RVI NGH FH DENTAL OTHER

NHS PRIVATE

Ward.....

Report to.....

Attach Addressograph:

	Specimens received
1.	
2.	
Time	
Risk of infection: Y / N	
Details of infection:	

SURGICAL TEAM TO COMPLETE

Surgeon:.....(in caps)

DECT No.....

Signature.....

Biopsy Site and Nature:

Date.....

Time.....

Samples sent to:

Histopathology

Mito Biochemistry/Histopathology

Mito DNA analysis

Report requested **URGENT** **ROUTINE**