ID: LSPEBX 614 version 9

Page 1 of 2

Date of Last Review: 27/02/2024

Oxford University Hospitals
NHS Foundation Trust
Neuropathology Department

Reviewed by: Louise Young

E-Authorised by: Hannah Keyser

THIS IS AN ACTIVE CONTROLLED DOCUMENT

Appendix 2:

LAB NO:	-	-	orm - Neuropathology			
	Enquiries: 01865 (Headington, Oxford OX3 9DU oxford.neuropath@ouh.nhs.uk			
		NB. This form <u>replaces</u> the standard Neuropathology Request Form				
Put patient sticker here			Private: Yes / No			
			Consultant:			
			Date and time of biopsy:			
			Hospital where biopsy is taken:			
			Exact location of biopsy: deltoid R / L, quadriceps R / L, other:			
* Purchase Order number		(Required for	(Required for all non OUH cases) *			
Essential Clinical Informati	on (please answ	ver <u>all</u> question	s):			
Consent for research? (please circle or write):		YES / NO / L	INABLE TO CONSENT			
Risk of Infection? Details						
Duration of symptoms (please write and circle):			(DAYS / MONTHS / YEARS)			
Distribution of weakness (please circle or write):		PROXIMAL / DISTAL / OTHER Detail				
Other relevant symptoms and signs:						
Presence of pain (please write and circle):		YES / NO Details:				
Past medical history:						
Relevant medications:						
Clinical Differential Diagn	osis:					
Tests Performed So Far:						
Neurophysiology Result						
<u>Or</u> NOT DONE / PENDING						
Creatine kinase:			Date of Result			
Requesting clinician's name with contact details:						
Name of surgeon performing the biopsy with contact details:						

NB. Any relevant clinic letters / further information should be attached to this form (this can be immensely helpful for reporting). Alternatively, the information should be emailed (oxford.neuropath@ouh.nhs.uk) FAO muscle pathology service.

Reviewed by: Louise Young

E-Authorised by: Hannah Keyser

THIS IS AN ACTIVE CONTROLLED DOCUMENT

LAB USE ONLY

Please ensure all fields below are filled in!

Received	Date	Time
Tissue	Fresh	Fixed
Reporting pathologist		

Previous record	

Tissue preparation	Sample taken (√)	Specify number of samples
EM		
SNAP		
SNAP/DNA		
SNAP/RCS		
Cryostat		
Paraffin		
Tissue Culture		

Quality Assurance	Staff Initials
Booked in	
Sampling – fresh	
Sampling – fixed	
Paraffin embedding	
Microtomy	
Cryotomy	
Slide check - paraffin	
Slide check - cryo	
Typing	
E-Authorised	_