



Reviewed by: Louise Young

Authorised: Hannah Keyser

This an ACTIVE Document

**1. Appendix 2:**

**Muscle Biopsy Request Form – Neuropathology**

LAB NO:

Level 1 West Wing, John Radcliffe Hospital, Headington, Oxford OX3 9DU

Enquiries: 01865 (2)34904 | Email: oxford.neuropath@nhs.net

**NB.** This form replaces 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:

**Essential Clinical Information (please answer all questions):**

Consent for research? (please circle or write): YES / NO / UNABLE 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 Diagnosis:**

\_\_\_\_\_

**Tests Performed So Far:**

\_\_\_\_\_

Neurophysiology Result

\_\_\_\_\_

Or NOT DONE / PENDING

\_\_\_\_\_

**Creatine kinase:**

Date of Result

Requesting clinician's name with contact details:

\_\_\_\_\_

Name of surgeon performing the biopsy with contact details:

\_\_\_\_\_

\_\_\_\_\_

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**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@nhs.net) FAO muscle pathology service.

**LAB USE ONLY**

Received	Date	Time
Tissue	Fresh	Fixed
Reporting pathologist		

Previous record	

Tissue preparation		
Cryostat		
EM		
SNAP		
SNAP/DNA		
SNAP/RCS		
Paraffin		
Tissue Culture		

Quality Assurance	BMS/CONS
Log In	
Sampling - fresh	
Sampling - fixed	
Embed	
Cryotomy	
Microtomy	
Slide check	
Typing	
E-Auth <input type="checkbox"/>	