Muscle/Nerve Biopsy
Patient Clinical Information Form

Date of Biopsy: ☐ Male ☐ Female Client Code _____ Location Code _____

Patient: Last First MI Date of Birth:

Referring Institution: City: State:

Referring Physician: Phone: Fax:

Surgeon: Phone: Fax:

Pathologist: Phone: Fax:

THIS IS NOT A TEST REQUISITION FORM
The information below is required to perform a Muscle/Nerve Biopsy Evaluation.
Submit this form along with an MLabs requisition.

THE FOLLOWING MUST BE COMPLETED BEFORE TESTING CAN BE PERFORMED

Muscle/Nerve Biopsied: 1. _____

2. _____

Preoperative Diagnosis: _____

Clinical presentation and history of disease (check all that apply):

☐ Weakness ☐ Proximal ☐ Distal ☐ UE ☐ LE ☐ Bilateral ☐ Pain ☐ Cramps

☐ CPK ☐ ANA ☐ RF ☐ Years ☐ Months ☐ Weeks

Other pertinent data: _____

_____

EMG Results: _____

NCS Results: _____

Family history of muscle/nerve disease: _____

_____

Medications (all): _____

_____

Tissue Submitted* (check all that apply):

☐ Fresh, on Saline-Soaked Gauze ☐ Frozen

☐ Glutaraldehyde or Karnovsky's Fixed ☐ Formalin Fixed

*** Please refer to the MLabs Muscle or Nerve Biopsy Protocol for instructions regarding appropriate handling of the tissue.**

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