Muscle/Nerve Biopsy Referral Form

The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

**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?	☐	☐
Is the patient on anticoagulation therapy eg. warfarin?	☐	☐
Does the patient have a known bleeding tendency/risk?	☐	☐
Does the patient have a transmissible disease?	☐	☐
Has patient been informed of risks/side-effects of procedure?	☐	☐
Has neuropathologist been sent letter/email with clinical background?	☐	☐
Has patient consented to biopsy storage/research?	☐	☐

****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:

The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

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:

Samples sent to:

Histopathology ☐
Mito Biochemistry/Histopathology ☐
Mito DNA analysis ☐

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

SURGICAL TEAM TO COMPLETE

Surgeon:.....(in caps)

DECT No.....

Signature.....

Biopsy Site and Nature:

Date.....

Time.....