

Muscle Biopsy Referral Form

The Newcastle upon Tyne Hospitals **NHS**
NHS Foundation Trust

Patient details

Name:

DOB:

Gender:

Contact number:

Hospital No.

Referring clinician details

Name:

Contact number:

MRSA Status:

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?	☐	☐
Has the patient had a previous adverse reaction to local anaesthetic?	☐	☐
Does the patient have a transmissible disease?	☐	☐
Does the patient require sedation?	☐	☐
Is the proposed site safe and achievable for biopsy? (screen for varicose veins, oedema, gross wasting)	☐	☐

Biopsy site: (Please TICK site)

*NB. Upper limb Bx **must** be referred to surgical teams*

TA **Quads** **Medial gastroc** **Lateral gastroc**

Sample request details

Samples for (tick box) **YES** **NO**

Histopathology ☐ ☐

Mito Biochem+Histo ☐ ☐

Mito DNA analysis ☐ ☐

Skin Biopsy ☐ ☐

Clinical details/provisional diagnosis:

Previous histopathology numbers:

CK Level:

Drugs:

Email form to: kerry.turnbull@nhs.net

Histopathology Laboratory No:

Histopathology Request

Laboratory use only

Time Received

Assigned to.....

Typed by.....

Report Telephoned.....

Weight.....

Blocks processed.....

Issued PATH:

Muscle Biopsy Requests ONLY.

RVI ☐ NGH ☐ FH ☐ DENTAL ☐ OTHER ☐

NHS ☐ PRIVATE ☐

Ward.....

Report to.....

Attach Addressograph:

	Biopsy Site/Nature of specimen
1.	
2.	
Time Taken	
Risk of infection: Y / N Details of infection:	

Consented storage/research : Y / N

Site of muscle biopsy: Open / Needle

Samples sent to:

Histopathology ☐

Mito Biochemistry/Histopathology ☐

Mito DNA analysis ☐

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

(Muscle & Nerve Team **MUST** be contacted on 29133 prior to **URGENT** muscle biopsy requests)

Requested by.....(in capitals)

DECT No.....

Signature.....

Date.....

Time.....