



Form with multiple sections: 1) Patient Legal Name (Last, First MI), DOB, Patient Social Security #, Race, MR#/Alternate Pt ID, Patient Address, Phone, City, State, Zip, M, F; 2) ( ) STAT, Date/Time of Collection, Phone Results To, Fax Results To; 3) Physicians Signature, Order Date, Print Physicians Name (F,M,I,L); 4) BILL PATIENT/INSURANCE COMPANY, ATTACH A COPY OF FACE SHEET AND INSURANCE CARD - ALL required (highlighted) fields must be complete to bill patient's insurance company. Specimen will be registered as patient self-pay and bill will be the responsibility of the patient if required information is not provided. Client (Clinic/Physician) Information, Group Physicians, Primary Insurance, Company Name, IU/Policy#, Group #/Name, Insurance Co. Address, City, State/Zip, Policy Holder Name, Relationship to Patient; 5) ICD Diagnosis Codes (Enter ALL that apply) in a grid.

Muscle/Peripheral Nerve Biopsy

Please check one: [ ] Inpatient [ ] Outpatient [ ] Ambulatory Surg Center

Instructions: Laboratory open Monday – Friday 7:30 am – 3:30 pm. Please call (317) 491-6329 prior to sending fresh tissue. Wrap biopsy in lightly moistened (saline) gauze. Place in labeled plastic container. Send on cold packs. Include this requisition and any additional patient information. Send all samples to IU Health Pathology Lab room 4001.

Indicate if submitting flash frozen muscle (on dry ice) in addition to fresh biopsy. Frozen sample may be sent out for biochemical testing or stored at -70 C for a maximum of two years.

Form with fields: Tissue submitted: [ ] Fresh [ ] Flash Frozen, Is tissue infectious: [ ] Yes [ ] No, Biopsy Site, Clinical Diagnosis ( Please provide ICD Diagnosis Codes in Section 5 above), Symptoms duration, Weakness distribution, Relevant family history, Other associated symptoms.

Form with sections: Current Medications, Exposure to Corticosteroids in past 3 months(list dose and dates), Laboratory Findings: CK, AST, LDH, ESR, ANA, Rheumatoid Factor, Other relevant lab findings, Please include a Neurology Initial Evaluation (or Rheumatology Evaluation if Neurology is not available.) Include EMG report if available. Surgical notes are not acceptable. Date of EMG \_\_/\_\_/\_\_, Results

Referring Physician Information: (If different from Ordering Physician/Client Information box at top)
Neurologist/Rheumatologist: \_\_\_\_\_ Fax a final Report? Yes \_\_\_ No \_\_\_
Address: \_\_\_\_\_ Fax: \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Telephone: \_\_\_\_\_



Indiana University Health

IU Health System Pathology Laboratories
350 W. 11th Street, Room 5013
Indianapolis, IN 46202-4108
317.491.6000 or 800.433.0740
Fax: 317.491.6001

Form with fields for Patient Legal Name, Social Security #, Race, MR#, Address, City, State, Zip, M/F, Physicians Signature, Order Date, Print Physicians Name, Client Information, and Billing Facility/Client details.

Muscle/Peripheral Nerve Biopsy

Please check one: [ ] Inpatient [ ] Outpatient [ ] Ambulatory Surg Center

Instructions: Laboratory open Monday – Friday 7:30 am – 3:30 pm. Please call (317) 491-6329 prior to sending fresh tissue. Wrap biopsy in lightly moistened (saline) gauze. Place in labeled plastic container. Send on cold packs. Include this requisition and any additional patient information. Send all samples to IU Health Pathology Lab room 4001.

Indicate if submitting flash frozen muscle (on dry ice) in addition to fresh biopsy. Frozen sample may be sent out for biochemical testing or stored at -70 C for a maximum of two years.

Form with fields for Tissue submitted (Fresh/Flash Frozen), Biopsy Site, Clinical Diagnosis, Symptoms duration, Weakness distribution, Relevant family history, and Other associated symptoms.

Form with sections for Current Medications, Laboratory Findings (CK, AST, LDH, ESR, ANA, Rheumatoid Factor), and a note about including Neurology Initial Evaluation and Surgical notes.

Referring Physician Information: (If different from Ordering Physician/Client Information box at top)
Neurologist/Rheumatologist: \_\_\_\_\_ Fax a final Report? Yes \_\_\_ No \_\_\_
Address: \_\_\_\_\_ Fax: \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Telephone: \_\_\_\_\_



## Indiana University Health

**IU Health Pathology Laboratory  
Neuropathology Lab Rm. 4001  
350 West 11<sup>th</sup> St.  
Indianapolis, IN 46202**

Phone: 317-491-6329

Fax: 317-491-6419

# Muscle Biopsy Collection and Transportation

Laboratory hours are Monday – Friday 7:30am- 3:00 p.m. Closed on weekends and Holidays.

Specimens are not accepted after-hours or on weekends.

**All specimens must arrive in our lab no later than 2:00 p.m.**

1) **CONTACT:**

Contacting Neuropathology prior to sending specimens is recommended. This ensures that staff is available to receive the specimen. Please call 317-491-6329 at least 24 hours in advance to provide us with patient information. Contact us immediately when a biopsy has been canceled. Also call 491-6329 with technical questions about specimen collection. To schedule a courier or for case inquiries, results, and reports, please contact Client Services 317-491-6000 or 800-433-0740.

2) **COLLECT:** FRESH SAMPLE REQUIRED

**Muscle samples must be at least 20mm in length and 10mm in width.** One large piece of muscle required (vastus lateralis, deltoid, or biceps). Submitting small fragments and poor samples will hinder proper processing/ testing and a new sample may be requested.

**DO NOT INTRODUCE THE FOLLOWING MATERIALS TO SAMPLED MUSCLE TISSUE:**

**\*NO THREAD or STITCHES or SUTURES**

**\*NO CLAMPS or TONGUE DEPRESSORS**

**\*NO PINS OR NEEDLES**

**\*NO FIXATIVE**

**\*NO CAUTERY**

**Fresh tissue should be wrapped in gauze moistened with 3 drops of saline solution. Please fill out and enclose the new muscle/ nerve requisition.**

3) **TRANSPORT:**

**Place sample in specimen cup, place in biohazard bag, and transport on ice packs.** Include the new requisition with specimen and label the exterior of the package with the complete address listed above. Adhering to the above directions will prevent delay in the processing of your specimens.

Thank you for your attention to these very important details!

Rev: 12-14-2010