

University of California at San Francisco

Instructions for Submission of **Muscle Biopsy Consultation Specimens**

1. **Notifying us:** Notify the UCSF Neuropathology Administrative Assistant by phone (415-476-5236) that the biopsy will be arriving. Muscle biopsies should **arrive by 4pm Monday through Friday**. If you have left a message and do not hear from the Administrative Assistant within 3 hours of your call, please contact the Neuropathology Fellow (pager 415-443-4350) or the UCSF Surgical Pathology Gross Specimen Receiving Room (phone 415-353-1608).

Histochemical stains are performed once a week; muscle biopsies must arrive by noon on Wednesday for processing the same week. Except for holidays, cases are initially reviewed at the Neuromuscular Pathology Conference every Friday at 9:00 AM (505 Parnassus Ave, Moffitt Hospital Building, Room M557). (During holidays, cases will be reviewed as soon as possible after histochemical stain completion, with no set schedule.) If additional work-up is required for the final diagnosis, preliminary diagnosis will be discussed with the referring clinician within one day of initial review.

2. **Biopsy site:** Biopsies are **best** taken from the quadriceps or biceps, as these muscles are best characterized and most consistent in their morphology. This is in contrast to the gastrocnemius muscle, which shows a wide variation in morphology; therefore, please **DO NOT** send biopsies from the gastrocnemius (or other rarely sampled muscles) unless clinically necessary. The biopsied muscle **should not** have been used for EMG studies, as the EMG procedure causes an inflammatory reaction. If local anesthetic is used, the muscle itself **should not** be infiltrated.
3. **Biopsy handling:**

(Note to surgeons)

A 1.0 x 1.0 x 1.0 cm (minimum) biopsy is essential to allow adequate tissue for histology, histochemistry, electron microscopy, and possible additional molecular/biochemical studies; the tissue should be excised along the longitudinal fiber axis to enable proper specimen orientation and embedding. Please **do not** use biopsy clamps or tie the tissue to a tongue depressor, as this leads to handling/cutting/crush artifact. Multiple small fragments are not acceptable, as they are extremely difficult to orient correctly and introduce handling/cutting/crush artifact.

The muscle should be gently wrapped in a piece of gauze/Telfa paper, which has been dampened with saline and then **well rung out**. **DO NOT** place the tissue in saline solution or use a heavily dampened gauze/Telfa pad, as the muscle will soak up the saline resulting in a substantial freezing artifact.

(Note to pathologists)

The muscle should be gently wrapped in a piece of gauze/Telfa pad that has been dampened with saline and then **well rung out**. **DO NOT** place the tissue in saline solution or use a heavily dampened gauze/Telfa pad, as the muscle will soak up the saline resulting in a substantial freezing artifact. Each sample should be placed in a small waterproof specimen container labeled with the patient's name, biopsy site (i.e. biceps or quadriceps), and date and time of the biopsy. (Please do not use Petri dishes taped shut, as they will leak.) Placing this specimen container in a sealable plastic bag is also suggested, to avoid melted ice leaking into the bottle. **An insulated specimen transportation box (e.g. Styrofoam box) with an adequate amount of regular (H₂O) ice (NOT dry ice) to last the estimated transit time should be prepared.** The small specimen container should then be placed **on top** of the ice (not buried in the ice as tissue may freeze). Sending fresh specimen on wet ice is the preferred procedure and should be used whenever transit to UCSF is expected to last less than 24 h (either direct courier or overnight FedEx service can be used).

Muscle diseases are often patchy. **To reduce the possibility of a sampling error, send us the entire specimen;** please do not retain a portion of tissue for formalin fixation and paraffin embedding at your institution! If clinical question is urgent, let us know in the accompanying paperwork and we will contact the referring clinician to discuss the preliminary findings as soon as initial slides come out. (While histochemical stains are performed once a week, slides from formalin-fixed, paraffin-embedded portion of the specimen are generally available the day after specimen receipt and will be used to provide preliminary interpretation when requested.)

If transit time to UCSF is expected to exceed 24 hours, the entire specimen should be snap-frozen and sent on appropriate amount of dry ice. Please contact the Neuropathology Fellow on neuromuscular service (pager 415-443-4350) or Dr. Marta Margeta (Director of the UCSF Neuromuscular Pathology Service; phone 415-514-0228) with any questions regarding specimen handling.

4. **Shipping address:** Please **address** the outside of the box with:

**Attention: Neuropathology Fellow (Muscle Biopsy)
Department of Pathology
University of California San Francisco
505 Parnassus Avenue
Gross Specimen Receiving Room
Moffitt Hospital M576
San Francisco, CA 94143**

5. **Paperwork:** The following paperwork should accompany the biopsy:

- Muscle and nerve requisition form, available from the UCSF Pathology Department Website:

- Patient demographics (Name, age, sex, date of birth).

- Clinical history (Indication for muscle biopsy, duration of symptoms, proximal versus distal weakness, pain, rash, CPK level, EMG/NCS results, all current patient medications [e.g. steroids or statins], and the clinical differential diagnosis).

- Name, phone and FAX number of the **neurologist, rheumatologist or pathologist** from whom additional clinical information can be obtained and to whom a diagnosis can be given.

- Billing information (All the patient's insurance information, including policy and group number, billing address, subscriber name with social security number, and employer or sponsor for group policies. **Please attach authorization for insurances that require prior authorization. Authorization should be a printout from the insurance company with authorization #, effective dates, and CPT codes authorized.**).

- Name and address of referring hospital (Please note: the referring hospital will be billed if other billing information is not provided).