

University of California at San Francisco

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

1. **Notifying us:** Notify the UCSF Neuropathology Administrative Assistant by phone (415-476-5236) that the biopsy will be arriving. Nerve biopsies should **arrive by 4 pm 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).

Epon embedding and Epon block sectioning is done once a week, often resulting in a 10-14 day turnaround time for the final diagnosis. However, sections of paraffin-embedded tissue are reviewed within 1-2 working days from specimen receipt, and referring clinician will be notified of any pathologic process that requires immediate clinical attention (i.e. vasculitis). Neuromuscular Pathology conference, where specimens undergo initial review, is held every Friday at 9:00 AM (505 Parnassus Ave Rm M-557). If conference is cancelled due to holidays, cases will be reviewed after completion of Epon sections, with no set schedule.

2. **Biopsy handling:** If transit time to UCSF is expected to last 24 h or less (either via local courier or via FedEx overnight service), **specimens should be sent fresh on wet ice** (details below). If nerve biopsy cannot arrive to UCSF by Fri 4 PM, the specimen should be immersion-fixed in the standard EM fixative (glutaraldehyde) and shipped on the following Mon (details below).

Fresh specimen shipping (for ≤ 24 h transit time):

Nerve should be placed in a small waterproof specimen container, labeled with the patient's name, biopsy site (i.e. left or right sural nerve), and date and time of the biopsy. (Please **do not** use Petri dishes taped shut, as they will still leak.) Placing this specimen container in a sealable plastic bag is also advisable (to avoid melted ice leaking into the bottle). An insulated specimen transportation box (i.e. Styrofoam box) with an adequate amount of regular (H_2O) 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 within the ice as tissue may freeze).

Fixed specimen shipping (for ≥ 24 h transit time):

1. Pick the nerve up by one end delicately with forceps without bending or kinking it.
2. Gently place the nerve on a piece of precut index card that is long enough to accommodate its entire length and narrow enough to fit through the opening of the specimen vial. Touch the free end of the nerve to one end of the card and then slowly attach the rest of the nerve while gently retracting the held end.
3. Insert the card with nerve into cold glutaraldehyde-filled vial and store overnight at 4°C.

4. Ship the next day (no ice necessary); specimen container should be labeled with the patient's name, biopsy site (i.e. left or right sural nerve), and date and time of the biopsy.
3. **Shipping address:** Please address the outside of the box with:

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

4. **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 nerve biopsy, duration of symptoms, presence of weakness and/or sensory loss, pain, EMG/NCS results, current patient medications, 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).