

## UCSF Muscle/Nerve Biopsy Requisition Form

This form is to be completed and submitted with all biopsies sent to UCSF; fax the form with additional notes to 415-476-7963. Questions: call 415-476-5236 (neuropathology administrative assistant) or page 415-443-4350 (neuromuscular neuropathology fellow)

Date: \_\_\_\_\_  
Patient Name \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

### Referring Physician Information:

Submitting Institution: \_\_\_\_\_  
Pathologist: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Neurologist: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Rheumatologist: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
Surgeon: \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

### Specimen submitted (please check all relevant boxes):

- |   |   |
|---|---|
| <input type="checkbox"/> Fresh muscle       | <input type="checkbox"/> Fresh nerve                |
| <input type="checkbox"/> Snap frozen muscle | <input type="checkbox"/> Glutaraldehyde-fixed nerve |

Clinical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Significant Laboratory / Diagnostic Studies:

CPK level: \_\_\_\_\_  
EMG/Nerve Conduction Studies: \_\_\_\_\_  
Other: \_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent Physical Exam Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clinical Differential Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional information required, when available:**

H&P/Summary Note

Recent Notes from Neurologist/Rheumatologist

EMG/NCS report