

UCSF Muscle/Nerve Biopsy Requisition Form

This form should be completed and submitted with all muscle and nerve biopsies sent to UCSF.

If not included with the specimen, fax the form and additional notes to 415-353-1916.

Questions: call 415-353-1608 (Pathology Gross Room).

Date: _____

Patient Name _____ Patient Date of Birth _____

Referring Physician Information (must be completed):

Submitting Institution: _____

Pathologist: _____ Phone# _____ Fax# _____

Neurologist /

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 (complete or attach clinical records): _____

Significant laboratory / diagnostic studies (complete or attach clinical records):

CK level: _____

EMG/nerve conduction studies: _____

Other: _____

Medications (complete or attach clinical records): _____

Pertinent physical exam findings (complete or attach clinical records):

Clinical differential diagnosis (complete or attach clinical records):

Additional information (if available):

- H&P/ summary note
- Recent notes from neurologist / rheumatologist
- EMG/NCS report