

U.H.S. MUSCLE BIOPSY REQUEST CHECKLIST

All sections of the following form must be completed for **all** muscle biopsy specimens submitted to the UHS Department of Cellular Pathology. If the form is not completed the sample will be appropriately stored but will **not** be submitted for further investigation. It is up to the clinical team responsible for the patient to decide which member is most appropriate to complete this form.

It is the responsibility of the clinician completing this form to ensure that:

- this form is correctly completed
- the specimen is correctly labelled
- the correct request forms accompany the specimen
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- relevant background clinical information accompanies the specimen
- the laboratory is informed in advance to expect the arrival of the sample (contact details below). Samples should arrive before 4pm, Monday to Friday.
- the sample is sent to the correct department (see below)
- the correct contact details for the referring clinician are available in case of any queries

Tick to confirm the following:

1. Specimen pot correctly labelled with patient ID.....
2. Request forms are correctly completed and hard copies accompany the specimen. A request form needs to be completed for each individual test. Tick yes if a form has been completed, no if a form has not been completed.

	YES	NO
Neuropathology Request Form (via E-Quest or local pathology request form).....	<input type="checkbox"/>	<input type="checkbox"/>
Salisbury Genetics Form.....	<input type="checkbox"/>	<input type="checkbox"/>
Oxford Radcliffe Genetic Diagnostic Advisory Service for Mitochondrial Diseases Form.....	<input type="checkbox"/>	<input type="checkbox"/>
UCL Queen Square Mitochondrial NCG Referral Form.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify).....	<input type="checkbox"/>	<input type="checkbox"/>

3. Relevant background information (clinical history, EMG, CK, muscle MRI, and other relevant laboratory results) accompany the specimen.....
4. The laboratory has been phoned (before 4pm) and informed to expect the biopsy (ext 4882 or 8966).....
5. The individual taking the sample to the laboratory knows that it must be delivered to Level E, Cellular Pathology Specimen Reception (South Academic Block, UHS) without delay
6. The correct contact details for the referring clinician have been documented on all of the request forms.....

Your Name and Grade.....Signature:

Your Contact Details: Date:

NOW ATTACH THIS CHECKLIST TO THE SPECIMEN YOU ARE SUBMITTING

If you have any queries please contact the Neuropathology Laboratory (UHS, ext 4882 or 8996) ask for Sammy Reynolds or Kathy Bodey. The relevant muscle biopsy standard operating procedure (SOP) can be made available on request.