

MUSCLE / NERVE / SKIN BIOPSY REQUEST FORM

Neuromuscular Clinical Laboratory: Alan Pestronk, M.D., Director
 Washington University School of Medicine – Neurology Department
 Internet Home Page: <http://neuromuscular.wustl.edu/over/labdis.html>

Referring Institution	PATIENT NAME		
Requesting physician: Name Signature	Sex	Age	Birth date
Address: Report to NAME ADDRESS CITY, STATE, ZIP PHONE & FAX #	Dates: Biopsy performed		
	Biopsy received		
WU-NM Lab: Accession #			
PATIENT BILLING INFORMATION: Attach copy of insurance card or data page (If not available, please provide):			
Insurance Company: Name:	Phone #:	ID & Group #:	
Policyholder: Name:	Date of Birth:	Relationship to Patient:	
Patient location: <input type="checkbox"/> Inpatient; <input type="checkbox"/> Outpatient	Insurance authorization # _____	Account # _____	
Institutional Billing: Provide billing contact name & phone number			

Clinical Data: Diagnosis, History, Indication

Procedure Data: Specimens & Site biopsied

Surgeon

TESTS REQUESTED: Histochemical & Immunocytochemical stains are usually performed on frozen, unfixed tissue.

Standard Histochemistry: Performed on all biopsies

- MUSCLE:** H&E X 2, NADH, GT, ATPase pH 9.4 4.6 & 4.3, VvG, Congo Red, Sudan Black, Alkaline & Acid Phosphatase, Esterase
 Periodic Acid Schiff, Cytochrome Oxidase, Succinic Dehydrogenase, Amylo-phosphorylase, AMPDA, Morphometry
- NERVE** Frozen sections: H&E, GT, Congo Red, Alkaline & Acid Phosphatase, VvG, Neurofilament, NCAM, P0, MBP Plastic sections: Toluidine blue
 NEUROPATHOLOGY provides additional nerve biopsy information in a separate report.
- SKIN** Frozen sections: H&E, PGP 9.5, CD3; Congo Red; Sweat Glands, if present

Dystrophies (Methods: Immunocytochemistry (IHC) or Western blot (WB))

- Dystrophy panel:** Dystrophin (4 epitopes); Sarcoglycans (α,β,δ,γ); Desmin; Emerin; Caveolin-3; Laminin-α2; α-Dystroglycan; Dysferlin; Phalloidin; LAMP2
- Individual tests:** Sarcoglycans (α, β, δ, γ) (IHC); Sarcoglycans (WB); Caveolin-3 (IHC);
 Dystrophin (N terminus; Rod (Exons 46 & 50); C-terminus) (IHC); Dystrophin (WB + IHC); α-Dystroglycan (IHC);
 Desmin (IHC); Laminin α2 (IHC); Collagen VI & IV (IHC); MYH2 (IHC); Myosin types (IHC x3); Emerin (IHC); Phalloidin (IHC);
 Dysferlin (IHC & WB); Calpain-3 (WB); VCP (IHC); LAMP-2 (IHC); Lamin A/C & Sun-2 (IHC); SMI-31 (IHC); α-Actinin

Immune myopathy panel: MHC Class I; Ulex; Decorin; SMI-31; C5b-9 (MAC); CD4; CD8; CD20; HAM56; LC3; Caveolin-3; CA9

Aggregate panel: Desmin; VCP; TDP-43; Caveolin-3; Ubiquitinated proteins (FK2); SMI-31

Biochemistry Performed at Washington University Neuromuscular Lab EXTRA SPECIMEN may be required (> 0.5 cm³, 100 mg)

- Mitochondrial oxidative enzymes** : Activity (Complexes I, II, III, IV, Citrate synthase) + Coenzyme Q10; Complex I-V Western blot
- Glycogen pathways:** Glycogen + Acid Maltase; Glycogen degradation (PFK, Phosphorylase, PGK, PGM1, PGAM1, LDH, PBK); PFK stain

INSTRUCTIONS

Hand carried fresh tissue: Wrap in moist (saline) gauze; **Do not** immerse in saline or fixative

Mailed tissue: NOTES - Laboratory only open Monday through Friday; Send by overnight mail for early next day delivery

Method A. Freeze one piece of tissue in isopentane cooled with liquid nitrogen; Fix a 2nd piece, **or**

Method B. Wrap biopsy specimens in moist (saline) gauze. Place in sealed plastic container. Send on cold packs. Do not freeze.

Requirements for forwarding tissue to from our Neuromuscular lab to other labs: Extra specimen (200 mg); Clinical & Billing information; Approval #; Patient release, signed; Completed requisition from testing lab; Amount of tissue needed for testing; Shipping address, information & form

SHIPPING ADDRESSES	
FedEx or UPS overnight: Frozen (on dry ice) or Fresh biopsy (with ice pack)	Local Hand Delivery: Fresh or Frozen
SHIPPING/MAILING ADDRESS: ALAN PESTRONK, M.D. Washington University - Neurology, Box 8111 660 S. Euclid Ave. St. Louis, MO 63110	STREET LOCATION: NEUROMUSCULAR LABORATORY Irene Walter Johnson Institute 509 S. Euclid, Room 404 St. Louis, MO 63110
Phone: 314-362-2406 (Lab); FAX: 314-362-3413	CAP# 19233-16 : CLIA ID# 26D0652044 : Medicare Provider # 26-8235
Turn around time: ~3 to 4 weeks; Call for urgent preliminary interpretation	pestronka@neuro.wustl.edu Revised 4/5/2018 AP