Instructions for Shipping Muscle Biopsies to University of Florida Health Pathology Laboratories

Important

1. Before shipping any muscle biopsies to UF Health Pathology Laboratories, our Client Services Department must be notified by calling 352.265.9900 or 888.375.LABS (5227).

2. Instructions on how to correctly process muscle biopsy specimens are provided below. If you do not use the provided muscle biopsy box, label the outside of the package containing the muscle biopsy with “MUSCLE BIOPSY.”

3. Confirmed arrangements must be made prior to shipping any muscle biopsies to UF Health Pathology Laboratories. Muscle specimens must arrive within 24 hours of their initial biopsy. UF Health Pathology Laboratories accepts nerve specimens Monday through Saturday.

FOR SPECIMENS DELIVERED TO UF HEALTH PATHOLOGY LABORATORIES ON SATURDAY:
Ensure that a Saturday FedEx delivery label (enclosed in the provided specimen kit) is used and that the specimen is shipped on Friday.

Specimens should be delivered to:

UF Health Pathology Laboratories  
Attn.: Accessioning  
4800 SW 35th Drive  
Gainesville, FL 32608

4. ACCURATE CLINICAL INFORMATION IS CRITICALLY IMPORTANT FOR THE INTERPRETATION OF MUSCLE BIOPSIES.

Help UF Health Pathology Laboratories administer excellent and timely patient care by providing all relevant clinical information on the attached Clinical Information Form for Muscle Biopsies. Return the completed form to UF Health Pathology Laboratories with the submitted biopsy sample.
Instructions for Preparing and Shipping Muscle Biopsies to UF Health Pathology Laboratories

1. **Submitted muscle biopsies must be at least 1 cm³.** Wrap the muscle specimen in sterile saline-moistened gauze (moistened, **NOT SOAKED**); do not allow the specimen to float in saline.

2. Place the moist-gauze-wrapped muscle specimen into the provided labeled sterile container and seal it tightly.

3. Fill the provided Styrofoam container with bagged ice, and secure the muscle specimen in the ice.

   **Note:** **DO NOT USE DRY ICE. Use only bagged ice or cold packs.**

4. Place all required paperwork in the provided biohazard bag. Place the biohazard bag in the Styrofoam box and seal the lid.

5. Ship the container to UF Health Pathology Laboratories with the provided shipping label. Include the completed Clinical Information Sheet for Muscle Biopsies.
Clinical Information Form for Muscle Biopsies

Name: ________________________ Age: ______ Gender:  Male  Female

CRITICALLY IMPORTANT REQUIRED INFORMATION:

List the name and contact information (if known) of the physician who ordered this muscle biopsy (usually a neurologist, not the surgeon who performed the biopsy).

Ordering physician: ____________________________________________________________

Ordering physician’s phone #(s): ________________________________________________

If the below information is known, enter it below. Otherwise, attach a recent relevant clinical note to this form.

Clinical question/Differential diagnosis: ____________________________________________

____________________________________________________________________________

____________________________________________________________________________

Site of biopsy: ______________________

Weakness (circle one.): Proximal  Distal

Duration of illness (circle one.): Acute  Chronic

Results of nerve conduction or EMG studies: ______________________________________

____________________________________________________________________________

____________________________________________________________________________

Immunosuppressive treatment administered to the patient prior to biopsy (e.g. steroids)?

Circle one:  Yes  No