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

Important

1. Before shipping any nerve 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 nerve biopsy specimens are provided below. After packing your nerve specimens according to these guidelines, label the outside of all packages containing a nerve biopsy with *NERVE BIOPSY.*

3. Confirmed arrangements must be made prior to shipping any nerve biopsies to UF Health Pathology Laboratories. **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 NERVE 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 Nerve Biopsies. Return the completed form to UF Health Pathology Laboratories with the submitted biopsy sample.
Instructions for Preparing and Shipping Nerve Biopsies to UF Health Pathology Laboratories

1. Immediately upon receipt of the specimen, gently lay it flat on a cardboard strip.

2. Let the nerve rest for about one minute, so it adheres to the cardboard.

3. **Leave the nerve specimen attached to the cardboard. This is an important step for fixation.**

4. Place the wholeneuron specimen and cardboard into a formalin container.

5. Ensure that the specimen is labeled with at least two unique patient identifiers—typically the patient’s name and date of birth or medical record number.

6. Package the specimen in the provided large protective container. Label the outside of the container with “NERVE BIOPSY.”

7. **Complete the attached Clinical Information Form for Nerve Biopsies.**
Clinical Information Form for Nerve Biopsies

Name: ___________________________________________ Age: _______ Gender:  Male  Female

CRITICALLY IMPORTANT REQUIRED INFORMATION:

List the name and contact information (if known) of the physician who ordered this nerve 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 (e.g. sural nerve): ______________________________________________________

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