

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient information\***

Collection date: \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ A.M./P.M.

Name (last, first, middle initial): \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Medical record/Patient ID#: \_\_\_\_\_

**Billing information\***

**\*\*You MUST include copies of the patient's demographics sheet and both sides of the patient's insurance card(s), along with any secondary insurance information (if applicable), with this requisition.\*\***

**Provider information**

Ordering physician: \_\_\_\_\_

Ordering physician NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pathologist: \_\_\_\_\_

Duplicate report sent to: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Clinical information for muscle/nerve biopsies**

Clinical question/Differential diagnosis (Attach clinical notes.):

\_\_\_\_\_

\_\_\_\_\_

Biopsy site: \_\_\_\_\_

Weakness:  Proximal  Distal

Illness duration:  Acute  Chronic

Immunosuppressive treatment administered to the patient prior to

biopsy (e.g. steroids)?:  Yes  No

Results of nerve conduction/EMG studies: \_\_\_\_\_

\_\_\_\_\_

Referring **MUSCLE/NERVE DOCTOR** to contact with results?

Rush (Before sending any rush cases, call us at 352.265.9900 to provide contact details for the person who will receive the results.)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Clinical information for renal biopsies**

Biopsy:  Native  Transplant

Clinical syndrome under evaluation (Check all that apply.):

Acute renal failure  Chronic renal failure  Proteinuria

Nephrotic syndrome  Nephritic syndrome  Hematuria (micro)

Rapidly progressive glomerulonephritis  Hematuria (macro)

Diabetes  Hypertension  Drug history

Family history of renal disease

Transplant follow-up | Date of transplant: \_\_\_\_\_

**Narrative history/Data (Provide clinical notes below.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relevant labs:

Serum creatinine (mg/dL): \_\_\_\_\_

Glomerular filtration rate (GFR): \_\_\_\_\_

Urine protein: \_\_\_\_\_

Hemoglobin A1c: \_\_\_\_\_

C3:  Low  Normal

C4:  Low  Normal

**Designate if positive (P) or negative (N):**

ANA:  P  N pANCA:  P  N cANCA:  P  N

Hep. B:  P  N Hep. C:  P  N dsDNA:  P  N

HIV:  P  N Cryo.:  P  N Anti-GBM:  P  N

Monoclonal protein serum:  P  N

Monoclonal protein urine:  P  N

Referring **KIDNEY DOCTOR** to contact with results?

Rush (Before sending any rush cases, call us at 352.265.9900 to provide contact details for the person who will receive the results.)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## 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 muscle specimens Monday through Thursday only. PLEASE DO NOT SCHEDULE MUSCLE SPECIMENS FOR SATURDAY DELIVERY.**

Specimens should be delivered to:

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

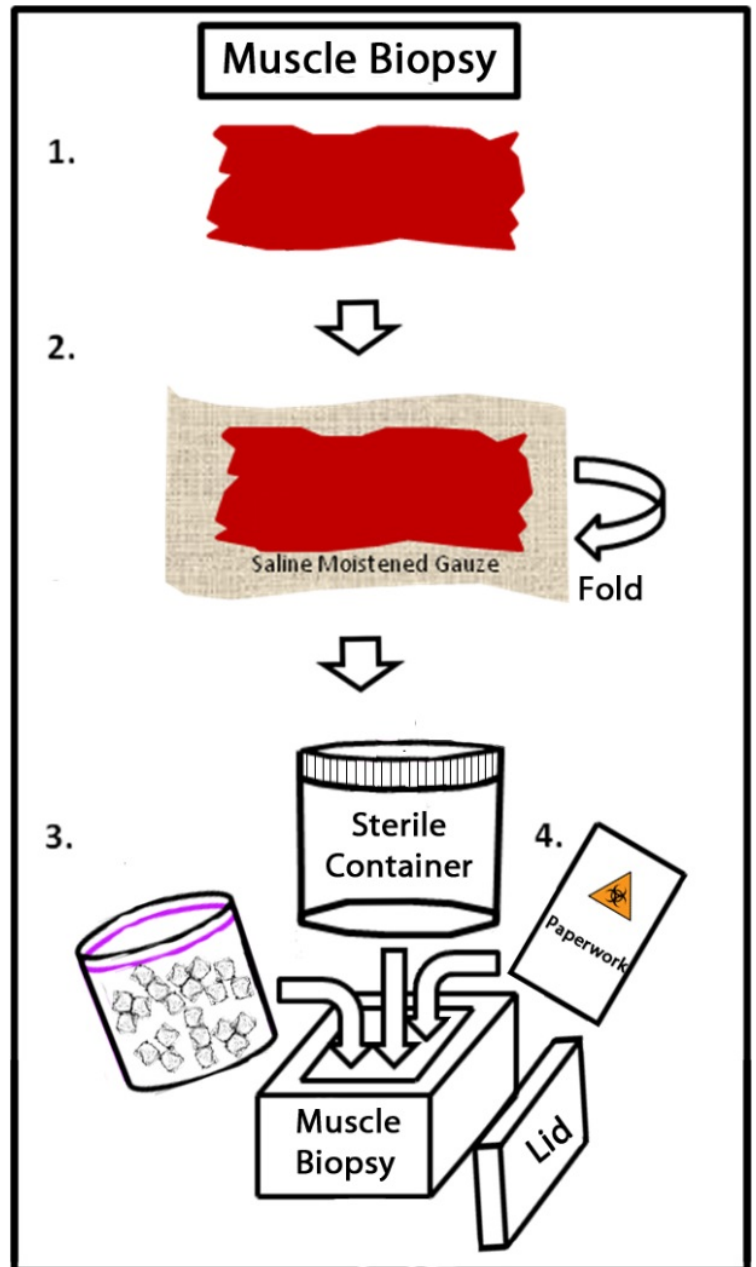
4. **ACCURATE CLINICAL INFORMATION IS CRITICALLY IMPORTANT FOR THE INTERPRETATION OF MUSCLE BIOPSIES.**

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

**NOTE: PLEASE SHIP MUSCLE SPECIMENS ON WET ICE, NOT DRY ICE.**

1. **Submitted muscle biopsies must be at least 1 cm<sup>3</sup>.** Wrap the muscle specimen in the provided sterile, saline-moistened gauze; **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 one biohazard bag with the specimen container and seal it. Fill the second bag with the associated documentation and seal it. Fill the third bag with **wet ice** and seal it.
4. Place the **wet ice** bag inside the bottom of the cooler. Next, place the bag with the specimen container on top of the ice bag. Lastly, place the bag with the documentation on top of the specimen bag and seal the cooler.
5. Ship the container to UF Health Pathology Laboratories using the appropriate shipping label (**Monday – Thursday only; do not ship muscle specimens on Fridays for Saturday delivery.**). 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: \_\_\_\_\_

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Site of biopsy: \_\_\_\_\_

Weakness (circle one.):                      Proximal                      Distal

Duration of illness (circle one.):                      Acute                      Chronic

Results of nerve conduction or EMG studies: \_\_\_\_\_

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

Circle one:                      Yes                      No