

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