

URMC LABS

DEPT. OF PATHOLOGY AND LABORATORY MEDICINE

Specimens:

Collect Date:

Time:

By:

MR #:

A #:

REQUIRED (PRINT OR PATIENT LABEL)

Name (Last, First, MI)

Date of Birth

Sex: (circle)

M

F

Social Security Number

Street Address

City, State, Zip

Phone Number

Client Number

Indicate primary (1) and secondary (2) insurance

☐ Blue Cross/Shield ☐ Child Health Plus ☐ Preferred Care

☐ Blue Choice ☐ Medicaid ☐ Preferred Care Gold

☐ Blue Choice Senior ☐ Medicare ☐ Aetna

☐ Other

1. Primary Contract #:

Subscriber's Name:

Relationship to Subscriber:

2. Secondary Contract #

Subscriber's Name:

Relationship to Subscriber:

Bassett Medical Center
1 Altwell Drive
Copperstown NY 13326

Phone Results to: 607-547-3456 Fax Results to:

Ordering Provider's Signature

Send Additional Reports To: (Full Name/Address)

Compliance is Mandatory and Regulated. For the laboratory to bill properly and receive payment for tests ordered on Medicare Beneficiaries, specific ICD-9 code(s) or a descriptive diagnosis must be included on each patient for each test ordered. It is critical that the diagnosis provided to the lab is consistent with those recorded in the patient medical record on the date of service.

NEUROMUSCULAR SPECIMENS

Biopsy Date:

BIOPSY SITE (DESCRIBE SITE OF BIOPSY PRECISELY):

TYPE OF BIOPSY

Collection Time:

- ☐ Muscle
☐ Nerve
☐ Skin

RELEVANT CLINICAL HISTORY (REQUIRED)

DIFFERENTIAL DIAGNOSIS/SPECIFIC QUESTIONS/LAB TESTS:

- ☐ See Attached Reports
☐ CD Rom
☐ Wet Tissue
☐ Blocks
☐ Slides

Known Infection Risks (HIV, Hepatitis, etc):

Tissue Sent:

- ☐ Formalin
☐ Glutaraldehyde
☐ Frozen
☐ PLP

University of Rochester Medical Center
Neuropathology Laboratory/Room 5-5329
575 Elmwood Avenue
Rochester, NY 14642
Attn: Don Henderson

NEURO MUSCULAR LAB - TELEPHONE 585-275-1330 FAX 585-273-1255

Muscle biopsy collection

1. Pathology *must* be notified (ext 3807) at least one full business day before the muscle biopsy procedure. MUSCLE BIOPSIES CANNOT BE SENT ON A FRIDAY.
2. Notification *must* include whether the sample is for metabolic myopathy testing or routine testing.
 - Metabolic Myopathy:
 - a. Acid maltase deficiency (Pompe Disease)
 - b. Carnitine deficiency
 - c. Carnitine palmityl transferase deficiency
 - d. Debrancher enzyme deficiency (Cori/Forbes Disease)
 - e. Lactate dehydrogenase deficiency
 - f. Mitochondrial myopathy
 - g. Myoadenylate deaminase deficiency
 - h. Phosphofructokinase deficiency (Tarui disease)
 - i. Phosphoglycerate mutase deficiency
 - j. Phosphoglycerate kinase deficiency
 - k. Phosphorylase deficiency (McArdle Disease)
3. Muscle biopsy and completed paperwork *must* be received in the pathology lab before 3:00pm.
4. Muscle biopsy (**Fresh Specimen measuring a minimum of 1.5cm x 1.5 cm**) *must* be delivered to the pathology lab immediately upon removal from the patient.
 - a. Wrapped in dry gauze (pour saline over gauze, squeeze out excess gauze. Wrap around muscle)
 - b. Accompanied by COMPLETED paperwork and print copy of relevant clinical history
 - c. Orders for procedure must be placed in EPIC using the pathology order number, LAB1750.
 - d. Labeled with the site of removal on the EPIC specimen label.
5. Tissue should be sent same day for optimal results.