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THIS IS AN ACTIVE CONTROLLED DOCUMENT**Appendix 1:**

LAB NO:

Skin Biopsy Request Form (for quantification of intraepidermal nerve fiber density) – Neuropathology

Level 1, West Wing, John Radcliffe Hospital, Headington, Oxford, OX3 9DU

Enquiries: 01865 (2)34904 email: oxford.neuropath@ouh.nhs.uk**NB.** This form replaces the standard Neuropathology Request Form*Put patient sticker here*

Private: Yes / No

Consultant:

Date and time of biopsy:

Hospital where biopsy is taken:

Exact location of biopsy: leg (10cm proximal to lateral malleolus) Right / Left

Ethnicity (very important as dark skin will influence the way the biopsy is processed):

Essential Clinical Information (please answer all questions):Consent for research? (please circle or write): YES / NO / UNABLE TO CONSENTRisk of Infection? *Details*Duration of symptoms (please write and circle): (DAYS / MONTHS / YEARS)

Specify main symptoms:

Other relevant symptoms and signs:

Diabetes

YES / NO Details:

Past medical history (other relevant conditions:

Relevant medications:

Clinical Differential Diagnosis:**Tests Performed So Far:**

Neurophysiology Result

other

Requesting clinician's name with contact details:

Name of doctor performing the biopsy with contact details:

Please note: The information requested on this form is **ESSENTIAL** for providing a timely and high quality biopsy report. Non-compliance with filling in and returning the form will delay reporting, as well as causing unnecessary work for our laboratory. Thank you for your understanding.

NB. Any relevant clinic letters / further information should be attached to this form (this can be immensely helpful for reporting). Alternatively, the information should be emailed to: oxford.neuropath@ouh.nhs.uk (FAO nerve pathology service).

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LAB USE ONLY

Received	Date	Time
Tissue	Fixative	Cryoprotectant
Pathologist		

Previous record	

Quality Assurance		Date	BMS/CONS/OTHER
Booked in			
Non OUH paperwork scanned to OHIS			
Washed & transferred to cryo-protectant			
Sampling			
Cryotomy			
Staining	H&E		
	PGP 9.5		
Sign out	Surgical QA (LQUA 701)		
	ICC QA (LQUA 117)		
Typing			
E-Auth			