

Reviewer: Ashley Draper

E-Authorised by: Hannah Keyser

**THIS IS AN ACTIVE CONTROLLED DOCUMENT**

**Appendix**

**1:**

LAB NO:
---------

**Nerve Biopsy Request Form – Neuropathology**

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

Enquiries: 01865 (2)34904 email: [oxford.neuropath@ouh.nhs.uk](mailto:oxford.neuropath@ouh.nhs.uk)

**NB.** This form replaces the standard Neuropathology Request Form

*Put patient sticker here*

  
  

Name: DOB:

  
  

MRN: NHS No:

**Requesting Consultant:**

**Form completed by:**

**Contact details:**

**Date and time of procedure:**

**Theatre slot booked by:**

**Private:** Yes / No

**Please complete form in full and send to both Neuropathology ([oxford.neuropath@nhs.net](mailto:oxford.neuropath@nhs.net)) and the minor operations (MOPS) theatre co-ordinator (xxx) at the NOC.**

**Current Location:**

- OP     
  Neurology IP     
  Other IP (specify).....

**Target for biopsy**

- |  |   |
|--|---|
| <input type="checkbox"/> Right sural                 | <input type="checkbox"/> Left sural                 |
| <input type="checkbox"/> Right superficial peroneal* | <input type="checkbox"/> Left superficial peroneal* |
| <input type="checkbox"/> Right superficial radial    | <input type="checkbox"/> Left superficial radial    |
| <input type="checkbox"/> Right other                 | <input type="checkbox"/> Left other                 |

**\* to include concurrent peroneus brevis muscle biopsy:** Not specified

Consent for research? (please circle or write): YES / NO / UNABLE TO CONSENT

Risk of Infection? *Details* \_\_\_\_\_

**Clinical Summary**

**Neurophysiology**

Date performed: \_\_\_\_\_ Target nerve involved? Not specified  
 (biopsy of unaffected nerves is not recommended)

**Suspected diagnoses:**

- Vasculitis  
  Lymphoma  
  Other malignancy  
  Amyloid  
  Inflammatory  
 Peripheral nerve tumour  
 Other (specify)

Please note, in patients whom a mitochondrial disorder is being considered, fresh frozen muscle is required, and this should be arranged through the muscle biopsy list at the JR, not at the NOC.

**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](mailto:oxford.neuropath@ouh.nhs.uk) (FAO nerve pathology service).

Reviewer: Ashley Draper

E-Authorised by: Hannah Keyser

**THIS IS AN ACTIVE CONTROLLED DOCUMENT****LAB USE ONLY**

Received	Date	Time
Tissue	Fresh	Fixed
Reporting Pathologist		

Previous record	

Tissue preparation		
EM		
Paraffin		
Tease		

Quality Assurance	BMS/CONS
Log In	
Sampling - fresh	
Sampling - fixed	
Embed	
Microtomy	
Slide check	
Tease	
Typing	
E-Auth <input type="checkbox"/>	