**NP/MGT/FM/039v1**

**Neuropathology Department, Pathology Sciences, Southmead Hospital Bristol, Bristol Bs10 5NB, 0117 4142402/3**

**MUSCLE BIOPSY BOOKING FORM**

***Please complete in full***

**Name: Hospital/Ward: Date of Birth:**

**Address: Sex: M / F**

**Consultant: NHS no: MRN:**

**Previous biopsy?** (Please circle)

No Yes Date: Hospital: Anatomical Site:

**Neurological History and Examination:**

**Age at Onset of Symptoms:**

**Other Medical Conditions (please also fill out reverse side of this form):**

***Circle if present***

Weakness / Myalgia / Muscle atrophy / Raised CK / Rhabdomyolysis

 CNS Involvement / Respiratory Involvement / Cardiac Involvement

 Dysphagia / Facial Weakness / Connective Tissue Disease

**Limb Weakness** **Y / N**

 **Upper Limb:** Distal Proximal **Distribution:**  Distal < = > Proximal

 **Lower Limb:**  Distal Proximal **Distribution:**  Distal < = > Proximal

**Ocular findings Y / N**  Ptosis / Ophthalmoparesis / \_\_\_\_\_\_\_\_\_\_

**Scapular Winging** **Y / N** Symmetrical / Asymmetrical

**Muscle Hypertrophy** **Y / N**  Location: **Muscle Atrophy** **Y / N** Location:

**Joint Contractures** **Y / N**  Location: **Joint Laxity Y / N** Location:

**Other:­­­**

**Investigations:**

NCS/EMG results: CK level:

Imaging Muscle: Brain:

Genetic Tests Performed: Other:

**Differential diagnosis:**

**Current medication(s) and any allergies:**

**Proposed site of biopsy:** PLEASE Tick box if consent is WITHHELD

 for education and research

**Responsible clinician signature:**

 **\*\*PTO\*\***

**All muscle biopsies will be performed under LOCAL ANAESTHETIC. If you wish to refer your patient for a muscle biopsy under a GENERAL ANAESTHETIC, these cases MUST be first discussed with Dr Urankar, Consultant Neuropathologist, prior to booking (ext. 42406).**

**Co- Morbidities (please tick those that are present in the patient)**

**Respiratory**

|  |  |  |  |
| --- | --- | --- | --- |
| COPD |  | Pleural effusion |  |
| Asbestos exposure with pleural plaque |  | Pleural thickening |  |
| Asbestos exposure without pleural plaque |  | Obstructive sleep apnoea |  |
| Interstitial lung disease/Pulmonary fibrosis |  | Asthma |  |
| Bronchiectasis |  | History of pneumonia |  |
| Active TB/History of TB  |  | History of PE |  |

**Cardiovascular**

|  |  |  |
| --- | --- | --- |
| CCF |  | Other valve disorder (please specify) |
| LVF |  | Presence of pacemaker |  |
| Angina |  | Previous CABG |  |
| Atherosclerotic heart disease |  | History of angioplasty/stent insertion |  |
| Past MI |  | Hypertension |  |
| Aortic valve stenosis |  | PVD |  |
| Aortic valve regurgitation |  | History of DVT |  |
| Mitral valve stenosis |  | Other (please specify) |
| Mitral valve regurgitation |  |

**Cerebrovascular**

|  |  |  |  |
| --- | --- | --- | --- |
| Cerebrovascular disease |  | History of stroke |  |
| History of TIA |  | Hemiplegia as a result of past stroke |  |

**Mental and behavioural disorders**

|  |  |  |  |
| --- | --- | --- | --- |
| Dementia |  | Anxiety disorder |  |
| Dementia in Alzheimer’s |  | Depression |  |
| Vascular dementia |  | Bipolar disorder |  |
| Alzheimer’s |  | Psychosis please specify) |  |

**Other conditions**

|  |  |  |  |
| --- | --- | --- | --- |
| Diabetes type 1 |  | Learning difficulties |  |
| Diabetes type 2 |  | Rheumatoid arthritis |  |
| Renal failure stage 1 (EGFR = >90 ml/min/1.73m2) |  | Osteoarthritis |  |
| Renal failure stage 2 (EGFR = 60-89 ml/min/1.73m2) |  | Obesity |  |
| Renal failure stage 3 (EGFR 3 = 30-59 ml/min/1.73m2)  |  | Clotting disorder (please specify) |
| Renal failure stage 4 (EGFR = 15-29 ml/min/1.73m2) |  |
| Renal failure stage 5 (EGFR <15 ml/min/1.73m2) |  | Previous malignancy |  |
| Dependence on dialysis |  | Current Cancer ( please specify type and site) |
| Epilepsy |  |

**Smoking, alcohol and drugs**

|  |  |  |  |
| --- | --- | --- | --- |
| Current smoker |  | Current alcohol dependence |  |
| History of smoking |  | History of alcohol dependence |  |
| Current drug use (see above) | History of drug abuse |  |

**Date and time of biopsy (as arranged with laboratory):**

**Date and time received by Neuropathology:**

**Received by: *For lab use only***