

**MUSCLE BIOPSY BOOKING FORM****Please complete in full**

Name: Hospital/Ward: Date of Birth:  
 Address: Sex: M / F  
 Consultant: NHS no: MRN:

**Proposed site of biopsy:**PLEASE Tick box if consent is **WITHHELD**  
for education and research **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:****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 a 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/1.73m <sup>2</sup> )		Osteoarthritis	
Renal failure stage 2 (EGFR = 60-89 ml/min/1.73m <sup>2</sup> )		Obesity	
Renal failure stage 3 (EGFR = 30-59 ml/min/1.73m <sup>2</sup> )		Clotting disorder (please specify)	
Renal failure stage 4 (EGFR = 15-29 ml/min/1.73m <sup>2</sup> )			
Renal failure stage 5 (EGFR <15 ml/min/1.73m <sup>2</sup> )		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***