Muscle Biopsy Protocol

Introduction:
This protocol describes how to obtain and submit a muscle biopsy for evaluation at ACL Laboratories. If a surgeon is needed to perform a biopsy, please call for a reference.

Preparation for a Muscle Biopsy
Please notify ACL Laboratories at least 24 hours prior to a scheduled muscle biopsy. This notification will allow them to alert the laboratory for the arrival of the specimen, assure the proper processing of the sample, and arrange for any special procedures.

The following information should accompany each specimen submitted with a completed ACL Requisition.
1. Name, address, telephone, and FAX numbers of the REFERRING PHYSICIAN.
2. Patient name and date of birth.
3. Clinical history, results of electrophysiological studies, and radiological and laboratory data.
4. Site of the muscle biopsied.
5. Names and addresses of individuals who should receive copies of the pathology report.
6. Billing information: Submit completed ACL Requisition with attached copy of insurance card
7. Please see the ACL Laboratories Consultation Requisition form to record this information.

Selection of the Muscle to be Biopsied
1. A moderately weak muscle should be chosen for sampling when possible. Severely weak muscles may show only non-specific and stage changes.
2. Uninvolved muscles may not show diagnostic features of the patient’s disease process.
3. Sites of prior trauma, including inoculation, injection, and electromyography needle insertion sites should be avoided.
4. The most informative muscles are the quadriceps, the gastrocnemius, the biceps and the deltoid.

Recommendations for Harvesting the Biopsy
1. If a local anesthetic is used, avoid injecting the muscle itself.
2. Avoid electrocautery in the region of the muscle.
3. An optimal specimen should come from the belly of the muscle and be 2-3 cm in length X 1 cm in diameter. Avoid areas near a myotendinous junction.
4. The specimen may be harvested on a muscle clamp or the ends may be tied off with sutures and then gently stretched on a tongue blade.
5. Once removed, the muscle should be wrapped in a saline moistened sponge, placed in a sealed container or plastic bag on wet ice, and transported to the pathology lab as quickly as possible. We obtain best results if we receive the muscle within 2-4 hours, though we will accept specimens up to 24 hours after harvesting. The tissue should not be placed directly on the ice or submerged directly in the saline solution.

Contact Information / Address
Histology Laboratory
ACL Laboratories
5400 Pearl Street
Rosemont, IL 60018
Tel: 847 349-7423  FAX: 847 349-7421 or 7426

Reporting the Results
A verbal preliminary interpretation will be available within 2-3 working days and a final report within 5-7 days.
# Consultation Request Form

## Referring Physician (e.g. neurologist, rheumatologist NOT surgeon)

Name ____________________________________________________________________________

Address __________________________________________________________________________

City, State _________________________________________________________________________

Telephone __________________________ Fax _____________________________

## Patient Identification

Name ______________________________________

DOB ______________________________________

Age __________

## Office Information Only

NP Case Number ______________________

Date Received ______________________

CPT Codes ______________________

## Specimen Identification

Case# __________________________ Glass Slide# _____________ Paraffin Blocks _______

Origin __________________________________________________________________________

Address __________________________________________________________________________

City /State _________________________________________________________________________

Telephone __________________________ Fax _____________________________

## Clinical Information

History (please include pertinent medications, electrophysiologic studies, and laboratory and radiologic findings)

____________________________________________________________________________________

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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Site of Lesion _______________________________________________________

Operative Procedure _________________________________________________

## Billing

Please complete ACL Clinical Requisition completely and attach copy of patient’s insurance card front & back.

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