

Regional Neuromuscular Diseases Unit,
King's Neurosciences Centre
Department of Neurology,
Denmark Hill, London, SE5 9RS

Bookings for needle muscle biopsies T; 020 3299 8343, F; 020 3299 8358

NEEDLE MUSCLE BIOPSY REQUEST FORM

Hospital No: Surname: Forenames:

Date of Birth:

Address: Telephone numbers:

In/Out patient Ward: Consultant/Hospital for report:

History:

Signs:

Provisional Diagnosis/question(s) to be addressed?

Current medication: (aspirin, steroids etc)

Clotting risk? Yes/No: Platelet Count: PTT KCTT:

At Risk? Yes/No:

Has patient had EMG/nerve conduction studies? Results?

What is the CK?

Has patient had previous biopsy? Where? Result?

Requesting Doctor: Bleep/ Phone No:

Consent will be obtained by the clinician performing the biopsy

For Dept use:

Biopsy type

needle

open

conchotome

Muscle biopsied

biceps

deltoid

quadriceps

other

Side

right

left