

# MUSCLE BIOPSY CHECKLIST

INTERNAL



## Michigan Medicine Laboratories (MLabs)

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### SPECIMEN SHIPMENTS ONLY:

N-LNC Specimen Processing, 2800 Plymouth Rd,  
Bldg 35, Ann Arbor, MI 48109-2800

### OBTAIN FROM THE CLIENT

Patient Name:

Date of Birth:

Arrival Date:

NOTE: Specimens can be received by the laboratory Monday–Friday and not during observed Michigan Medicine Holidays.

Specimen: Muscle Biopsy  Fresh\*  Frozen  Formalin  Glutaraldehyde for EM (electron microscopy)

\*Must be delivered within 4 hours of biopsy.

Transport:  Courier\*  FedEx  UPS  Other: \_\_\_\_\_

Tracking #:

Priority:  Routine  STAT

Fresh muscle specimens must be transported via **STAT** courier. **Notify courier to deliver to NLNC.**

\*Request courier pickup immediately even if paperwork has not yet been received.

Clinician (e.g., neurologist, rheumatologist, or primary care provider) who requested the biopsy:

Phone #:

Client Requesting Replacement Kit:  Yes  No

Always order **frozen** muscle kit for SMAP.

Comments:

### PROMPT CLIENT TO SEND PAPERWORK

Completed requisition

Patient's most recent medical record/laboratory results from the clinician that requested the biopsy.

### REVIEW THE PAPERWORK RECEIVED

Requisition received to include:  Client/ward code  Collection date  Clinician who requested biopsy and phone number

Specimen type(s)  Laterality and anatomic site

**Confirm legibility** and submission of paperwork:

Completed requisition

Patient's most recent medical record/laboratory results from the clinician that requested the biopsy.

Contact the client to obtain any missing paperwork. Absence of clinical notes will result in a delay of consultation or incomplete interpretation.

### INTERNAL SALESFORCE WORKFLOW

Upload checklist into the case and chatter client services. Indicate "refer to uploaded document in the case" within the case description.