

NERVE, MUSCLE BIOPSY REQUEST FORM

<p>Patient's name:</p> <p>Maiden name:</p> <p>Address:</p> <p>Date of birth:</p> <p>Social security number:</p> <p>Mother's name:</p> <p>Out-patient / In-patient (please underline)</p>

<p>Submitting Institution (name or code):</p> <p>Requesting Physician (name and stamp):</p>
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Origin of biopsy:

Date and time of biopsy:

Special requests (phosphoryl, dystrophin, sarcoglycan, merosin, EM, etc):

Assumed diagnosis:

Clinical data, history, familiarities:

Laboratory results (CK, lactate, immunoserology):

EMG/ENG results: