

NextGenPath Diagnostics

No.34/29, Nallasiriyar Nagar, Thottipalayam, Chinniampalayam Post, COIMBATORE - 641062

MUSCLE BIOPSY REQUEST FORM			
PATIENT'S NAME:	AGE/SEX:	UNIQUE NO:NXT/	BIOPSY: M-
HOSPITAL:		CLINICIAN:	
ADDRESS:		CONTACT NO:	
		EMAIL:	
INSTRUCTIONS FOR SENDING Send a single fresh (unfixed) oper 3/5) wrapped in slightly saline mo (preferably within an hour). Samp AVOID: Traumatized muscle (EM and/or local anesthetic injection in Onset : Acute / Subacute / Chron Associated features (Tick): Pain/C Hearing Brief description of the above if si	n biopsy (2x2cm) from a mo bistened gauge piece/clingfilr bles are received 24x7 on all G site, injection site, etc); te <u>nto the muscle.</u> CLINICAL FEA ic Nature: Progressive / S Cramps/Stiffness/Gait/CNS/CN g loss/ cataract	derately affected muscle (Mi n in a closed ice-pack contai days. endon and myotendinous jur TURES tatic / Episodic Weakness: F Ocular / Pha /Extraocular	iner as quickly as possible actions; cautery, clamps Proximal / Distal / Axial / aryngeal / Laryngeal
	Pedigree ch	nart	



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Drug history:	Clinical examination:	
	INVESTIGATIONS:	
Hb: TLC: DLC:	Platelets: Peripheral smear:	
Serological studies (ANA (IF and	d profile), dsDNA, ANCA profile:	
ECG:		
EMG:		
NCS:		
CK:	Serum lactate: CSF lactate:	
MRI:		
Any other relevant investigation	ı/s:	
CLINICAL IMPRESSION:	For queries, please contact:	
	Dr. BALAN LOUIS. G MD Path (PGI) DM Histopath (PGI) Director - NextGenPath Diagnostics, Coimbatore - 641062 Contact no: +919597598573 Email: nextgenpatho@gmail.com Website: nextgenpathdiagnostics.org	