

DUKE UNIVERSITY MEDICAL CENTER AND HEALTH SYSTEM
Department of Pathology
Box 3712
Durham, North Carolina 27710

NERVE BIOPSY PROTOCOL

At **surgery** the nerve is to be exposed gently, with care taken not to directly manipulate the segment to be submitted. The nerve segment to be biopsied is placed on a muscle biopsy clamp *in situ* under slight tension, clamped, and then resected, leaving an approximately 5-10 mm tail on both ends outside the clamp. The clamped specimen is **placed immediately in buffered 4% glutaraldehyde**. The specimen in glutaraldehyde must remain on the muscle clamp for at least 4 hours. At the end of 4 hours, the tissue may be unclamped. Specimens in glutaraldehyde may be stored and shipped at 4° C.

An additional **unclamped, unfixed** nerve segment placed should be obtained **if immunofluorescence studies are required or if metabolic disease is suspected**. For in-house patients, unfixed nerve segments should be delivered promptly, on saline-dampened gauze, to Room 3W10 in Duke Medicine Pavilion. For shipping purposes, fresh specimens may be sent on wet ice, in Zeus/Michel's medium (available through Wampol Labs, Division of Carter-Wallace, PO Box 1001, Cranbury, NJ 08512, tel. 1-800-257-9525, ext. 3; catalog #0102).

Usual nerve studies include H&E sections, Congo Red staining for amyloid, immunostaining for inflammatory cells, and Epon-embedding and staining with Toluidine Blue for light microscopic examination. Selected sections may be processed for full electron microscopy if indicated for diagnosis. Immunofluorescence will be done if clinically indicated. If the nerve is received in your lab already in formalin, it may be submitted for most studies, except for immunofluorescence.

The specimen should be shipped to arrive at Duke Tuesday through Thursday. **Do not ship any specimen on a Friday.**

The specimen(s) may be **shipped on wet ice or gel pack (do not freeze)** to:

Department of Pathology
Duke Medical Pavilion, Room 3W10
10 Duke Medicine Circle
Durham NC 27710
Tel. 919-681-3909

Please include **clinical information, demographics, and insurance information.**

The **final report** will be transmitted by FAX to the consulting pathologist.

Questions should be directed to the attending neuropathologist via:

Neuropathology Division

nervepath@dm.duke.edu or

Tel: 919-684-2533 Fax: 919-681-7634



Wet Tissue Laboratory Request Form

This form **MUST** be filled out **COMPLETELY** and **ACCURATELY** in order to proceed with the review of your case.

ALL cases must include a Pathology Report (gross only is fine) and an ICD-10

If you have any questions please contact **Duke Pathology (919) 681-3909**.

Patient Name: (last, first, middle)	Referring Physician (last, first):
Date of Birth (mm/dd/yyyy)	NPI#: UPIN#:
Social Security Number: (for identification purposes only) ____ - ____ - ____	Mailing Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Mailing Address:

Type of Tissue Submitted:	Date Collected:
Type of Testing or Review being requested:	

The submitting hospital is financially responsible for any charges related to requests for laboratory services. Please complete the information below for invoicing purposes.

Name of Hospital:	Attention To:
Address:	Phone #: Fax#:
Ship To: Duke Pathology Duke Medicine Pavilion, Room#3W10 10 Duke Medicine Circle Durham, NC 27710 Phone: 919-681-3909	