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| Dr. Michael Buckland<br>Dr. Judy Spies<br>Dr. Roger Pamphlett<br>Dr. Hwei Choo Soh<br>Dr. Joanne Sy<br>Dr. Michael Barnett | <b>Nerve and Muscle Laboratory</b><br><b>Rm 702, Brain &amp; Mind Centre, 94 Mallett St</b><br><b>Camperdown NSW 2050</b><br>Tel: 61-2-9114 4280<br>Fax: 61-2-9114 4291<br>Email: neurology.lab@sydney.edu.au | <b>PATIENT DETAILS:</b><br>Hospital:<br>MRN:<br>Surname:<br>Given name: |
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| <b>NEUROMUSCULAR PATHOLOGY REQUEST</b> | DOB & Sex:<br>Address: |
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| <b>REQUESTING DOCTOR</b><br>Name:<br>Address:<br><br>Provider No:<br>Tel: Fax:<br>Email:<br>Signature: Date: | <b>SPECIMEN</b><br><br>Muscle name(s):<br><br>Peripheral nerve name: |
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*Email/fax any **referral letters and clinical summaries** to the Nerve and Muscle Laboratory (see above)*

**NOTE: NO ANCILLARY TESTING (microbiology, flow cytometry or frozen tissue for genetic testing) can be performed in our department. Separate intraoperative specimen must be sent to local pathology service for ancillary testing.**

**Summary of present history and examination** (include *distribution* and *duration* of weakness):

Rash: Yes/No    Muscle wasting: Yes/No    Sensory loss: Yes/No    Previous muscle biopsy: Yes/No

**Past medical and surgical history:** Diabetes: Yes/No

**Family history:**

**All medications:** Statin: Yes/No

**CK levels** (with dates):

**EMG/NCS** (attach reports)

**MRI:**

**Autoantibodies:** (attach reports)

**Genetic testing:**

**Provisional/differential clinical diagnosis:**

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| <b>BILLING DETAILS:</b> - Tick an appropriate box | <b>SEND REPORTS TO (include neurologist/rheumatologist)</b> |                             |
| Public outpatient (fill out Medicare # below):    | Dr.   | Dr.                         |
| Public inpatient:                                 | Email, Fax & phone numbers:                                 | Email, Fax & phone numbers: |
| Private inpatient:                                |   |                             |
| An entitled Veterans' Affairs patient:            |   |                             |

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| <b>MEDICARE ASSIGNMENT</b> (Section 20A of Health Insurance Act 1973) – to be completed by the patient offering to assign benefits for services on this form.<br><i>I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).</i> |                     |
| Date   | PATIENT'S SIGNATURE |
| PRACTITIONERS USE ONLY<br>(Reason patient cannot sign)   | MEDICARE NUMBER     |