

Process for Collecting and Shipping Clinical Biopsies

Ref: Version 2.0

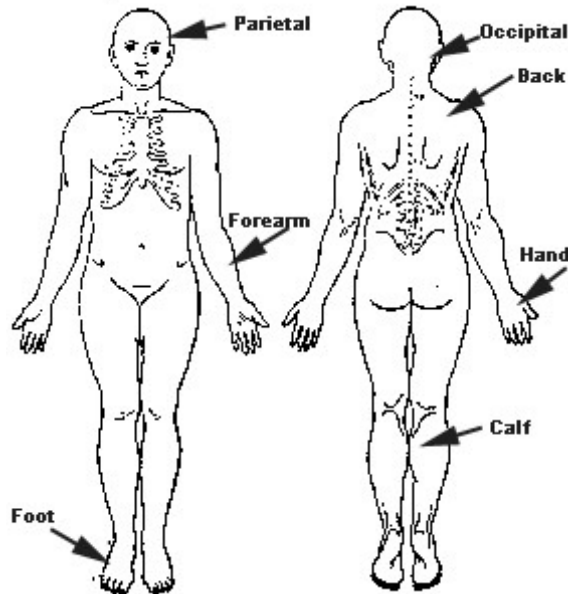
Date 24 February 2023

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Skin Biopsy Procedure

Our standard skin biopsy is three (3) mm diameter. The first task is to decide where to biopsy. A site that is definitely involved plus one or more proximal sites where involvement is questionable are best, in my experience, because this gives information about the severity and some idea of the distribution of disease. If peripheral neuropathy is suspected perhaps foot and calf or calf and thigh are the best sites, depending on the clinical situation. We sometimes biopsy foot, calf and thigh or even forearm, but usually two biopsies are sufficient. We have normal data for patients age 20 to 65 for skin from 6 skin locations; the dorsum of the foot over the belly of the Extensor Digitorum Brevis (seen best with toes extended), postero-medial calf (where the upper 1/3 meets the lower 2/3, watch out for the saphenous vein), thigh (2 inches medial of midline about 6 to 7 inches above the knee (over the motor point of the Vastus medialis muscle), hand (over 1st dorsal interosseus muscle), forearm (just medial to the midline over the Flexor Carpi Radialis, where lower 2/3 meets upper 1/3) and the back (about T-3 or T-4, 1 to 2 inches lateral to the mid-line). We are in the process of establishing normative values for parietal and occipital scalp.



We request that 3 mm biopsies be acquired because this size rarely requires a suture. Larger biopsies usually require one to two sutures. The biopsy usually pops up so that it can be grasped gently without compression by its edge with a fine forceps and be lifted enough to allow the base of the biopsy to be cut free with an iris scissors. More shallow biopsies are satisfactory, especially on the foot or hand, but these do not pop

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up and removal is accomplished with a sharp micro-scissors. Avoid pinching the epidermis because compression destroys the morphology of the nerves. Immediately place the biopsy into cold Zamboni fixative (source information listed below). The specimen must be completely immersed in the fixative. Clearly label the container with the patient ID and specimen body location.

The best results are obtained if the tissue, in the Zamboni's fixative, is placed in a Styrofoam container with a commercial cold pack (don't freeze) and transferred to specimen receiving as soon as possible. Please add the billing information that is listed below. Please indicate both the physician who referred the patient for skin biopsy and the surgeon who removed the biopsy. Please do not ship on Friday to avoid possible weekend delays and damage to the tissue. Fixative and buffer solution can be procured from our laboratory or from Newcomer Supply (see page 4 for ordering information). We prefer to receive the tissue as soon as possible. Processing and reporting require at least two weeks.

Send by Courier, FedEx or UPS to:

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Department of Neurology
516 Delaware St SE
12-229 Phillips-Wangensteen Bldg
Minneapolis MN 55455-0377
Phone: (612) 625-1431

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