



Patient Information (required)

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Provider Information

Referring Neurologist or Rheumatologist Name (Last, First)	Phone	Fax*
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*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing

Clinical Information To prevent delays and enhance accuracy of the interpretation, all information below must be provided.

Biopsied Muscle Name (be specific)	Surgery Date (mm-dd-yyyy)
Is Tissue Infectious <input type="checkbox"/> Yes <input type="checkbox"/> No	Freezing Method <input type="checkbox"/> Isopentane chilled by liquid nitrogen (preferred) <input type="checkbox"/> Dry ice/acetone slurry <input type="checkbox"/> Dry ice/alcohol slurry
Clinical Diagnosis	
Symptoms Duration (days/weeks/months/years)	
Weakness Distribution	
Relevant Family History	
Other Associated Symptoms	

Note: Include a Neurology Initial Evaluation (or Rheumatology Evaluation if Neurology is not available.) Include electromyogram (EMG) report if available. **Surgical notes are not acceptable.**

EMG Results Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Performed (mm-dd-yyyy): _____	Current Medications: Exposure to corticosteroids in the past 3 months (list dose and dates):	Laboratory Findings (*required information) Creatine kinase: _____ Aspartate aminotransferase: _____ Lactate dehydrogenase: _____ Erythrocyte sedimentation rate: _____ Antinuclear antibodies: _____ Rheumatoid factor: _____ Other Relevant Laboratory Findings:
Results:		

Additional Reports Complete information below for an additional report.

Facility or Person Name (Last, First) To Receive Report	Phone	Fax*
Referring Neurologist or Rheumatologist Address (Street, City, State, ZIP Code)		

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