

Newcastle MRC Centre Biobank for Rare and Neuromuscular Diseases

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Biopsy Referral Form

Forename

Male

Female

Surname

GC N°

DOB

Complete if sample is part of a study

Study Title

Patient ID

Study Visit

Muscle

Skin

Nerve

Other

Diagnosis /
Mutation

Relevant
Clinical
Details

Ambulant

Ambulant Long Distances (Wheelchair Use)

Ambulant Short Distances (Wheelchair Use)

Non-Ambulant (Wheelchair Bound)

Consultant

Biopsy
Performed by

Consent
Obtained by

Date

Biobank Use Only

Date
Proliferated:

Additional
Information:

Date
Frozen:

Storage
Location: