



**Center for Neuromuscular Disorders - Neuropathology Lab**

Head: Prof K. Kleopa, MD, FAAN, Senior Consultant Neurologist

**Request Form**

Department Code: 23

**Patient details** Case type:  Outpatient  Inpatient

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ I.D. No.: \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender:  Male  Female

CING No. (if applicable): \_\_\_\_\_

Hepatitis B Status:  +ve  -ve  Unknown

Hepatitis C Status:  +ve  -ve  Unknown

HIV Status:  +ve  -ve  Unknown

**Patient status**

GESY

Government-Non GESY Hospital Card No: \_\_\_\_\_

Private-Non GESY

Address: \_\_\_\_\_

City: \_\_\_\_\_ Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Case Information**

Clinical Summary

\_\_\_\_\_

\_\_\_\_\_

Previous Laboratory Findings: \_\_\_\_\_

\_\_\_\_\_

**Test Required (Code No.)** (Please tick  accordingly)

- 1. Muscle Biopsy – Routine: H&E, Gomori, ATPase 9.4,4.6,4.3, SDH, NADH-TR, Cytochrome C,  $\alpha$ -glycerophosphate, Oil Red O, PAS
- 2. Muscle Biopsy – Metabolic: Myophosphorylase, Phosphofructokinase, Adenylate deaminase
- 3. Muscle Biopsy – Inflammatory: MHC I, C5b9, Acid Phosphatase
- 4. Muscle Biopsy – Dystrophinopathy screen: Dys3,1,2, Utrophin, Spectrin
- 5. Muscle Biopsy – Dystrophy screen:  $\alpha, \beta, \gamma, \delta$  sarcoglycan, dysferlin, caveolin, merosin,  $\alpha$ -dystroglycan,  $\beta$ -dystroglycan, collagen VI, spectrin
- 7. Muscle Biopsy – Paraffin: H&E Inflammatory, B & T cell, macrophage markers

**Sample details** (Please tick  accordingly)

Date and Time of Sample Collection: \_\_\_\_\_

Sample:  Muscle  Nerve  Other

Please specify: \_\_\_\_\_

First Investigation  Repetition

Biopsy No \_\_\_\_\_

**Referring clinician's / scientist's details**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Hospital / Clinic: \_\_\_\_\_

**Requesting clinician's status**

CING

Government (OKYTY)

Private-GESY GESY No: \_\_\_\_\_

Private-Non GESY

Address: \_\_\_\_\_

City: \_\_\_\_\_ Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*The referring physician undertakes and confirms understanding and compliance in respect of the mutual obligations as these are determined under the GDPR.*

- 8. Muscle Biopsy – Developmental: Desmin, Vimentin, myosin, Utrophin
- 9. Nerve Biopsy – Paraffin: H&E, Congo Red
- 11. Nerve Biopsy – Frozen: Immunocytochemistry
- 12. Nerve Biopsy – Paraffin: H&E, B & T and macrophage markers
- 13. Whole Brain Examination
- 15. Other (please specify): \_\_\_\_\_

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**PATIENT CONSENT FORM**

**DIAGNOSTIC TESTS NEUROPATHOLOGY LABORATORY**

PATIENT NAME	<input type="text"/>	CING NO.	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	SEX	<input type="text"/>
ID NO.	<input type="text"/>	HOSPITAL NO.	<input type="text"/>
PROCEDURE TO BE PERFORMED	<input type="text"/>	DATE	<input type="text"/>

**I request and authorize the testing of my sample (or my child's), for the parameters indicate by the referring physician**

- my biopsy       my child's biopsy

The sample obtained through the biopsy will be further dissected by a trained laboratory technologist. A fraction of the sample will be frozen in liquid nitrogen and some will be fixed in paraffin. Depending on the requirements of the analysis, histology, histochemistry and immunohistochemistry will be performed on the sample. Further analysis may be carried out upon the physician's request.

The resulting test slides will be examined by a specialist who will determine whether more tests need to be carried out and who will eventually proceed with analysis interpretation and issue the report. A copy of the report will be stored in the patient's file, whereas an original copy of the report will also be sent to the referring physician.

Excess sample material will be stored for the purpose of result verification. This excess material may later constitute an important resource for diagnostic or research development which may aid in the establishment of novel diagnostic procedures. As emerging techniques or diagnostic tools become available this excess material may be used either for validation or as control tissue. Your sample may also be used in a pool of test samples for research purposes and applications.

**All your personal data, including test results will be kept strictly confidential.**

Please mark accordingly:

- I hereby agree to the aforementioned analysis procedure to be performed  
 I hereby agree to the confidential use of my excess sample for future diagnostic and research development

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
WITNESS'S SIGNATURE