

MRCE Request form

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For Neurometabolic Use Only

Date Received:
 Time Received:
 Accession Number:
 In-house Code:
 Rack position:
 Homogenate location:
Identity of person collecting sample /phlebotomist ID.....

Surname:
Forename:
Sex M / F :
DOB:

Hospital:
Hospital No:
Specimen date & time:
Consultant:
NHS No:

Clinical Details:

.....

.....

Drug therapy:

.....

PLEASE NOTE the above details are essential to allow for the accurate interpretation of results.

Collection Instructions

- Label an appropriate tube with patient details: surname, first name, date of birth, hospital number, sample date.
- Collect the muscle/liver biopsy into the tube.
- Muscle specimen should be between 50-100mg. Muscle specimen should be no smaller than 50mg (approx. same size as orange pip) for accurate analysis to be possible.
- Liver specimen should be between 10-20mg for accurate analysis to be possible.
- **ALL** specimens should be frozen immediately at the bedside on dry ice or liquid nitrogen, and transported to the laboratory frozen, or stored at -70°C until transit.
- Please note that arrangements for samples delivered to the laboratory in working hours differ to those for out of hours samples, please follow the correct procedure (see User Manual)

SPECIMENS FAILING TO ADHERE TO ALL STATED SAMPLE REQUIREMENTS AND LABELLING WILL NOT BE PROCESSED

Muscle/Liver weight: _____ **mg**

Results

Test	Result (nmol/min/ml)	Ratio to citrate synthase	Reference Range (Ratio to Citrate Synthase)
Complex I			
Complex II/III			
Complex IV			
Citrate Synthase		N/A	N/A

Results generated by;.....Date.....Results and report checked by.....Date.....

Please Refer to the current published User Manual on our website for further information for patients and users.

InternalUsers: <http://insight/departments/medicineboard/pathology/BiochemicalMedicine/neurometabolicunit/Pages/default.aspx>
 External users: <https://www.uclh.nhs.uk/OurServices/ServiceA-Z/Neuro/NMU/Pages/Home.aspx>