

Mitochondrial Respiratory Chain Enzyme (MRCE) Request Form

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For Neurometabolic Use Only

Date/Time Received:
 Lab Number:
 In-house Code:
 Rack position:
 Homogenate location:
Identity of person performing biopsy.....

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 ensure all samples arrive during lab opening hours, currently 9:00 – 17:00 Monday to Friday (see user manual for more details)

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

For Neurometabolic Use only: Muscle/Liver Total weight____mg / Assayed____mg/

Residual Tissue____mg. Residual muscle location:

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 transcribed by.....Date..... Second check by.....Date.....
 Results generated by:.....Date.....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>
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