PROTOCOL FOR SUBMITTING SPECIMENS FOR HISTOLOGICAL EVALUATION OF HANSEN'S DISEASE National Hansen's Disease Programs Baton Rouge, Louisiana

The following are the requirements needed before sending a biopsy for routine histological evaluation:

- A biopsy collected with a 4 5 mm punch (2 mm if on face) or surgical excision, which should be deep enough to include subcutaneous fat. This depth is important because often the most prominently involved nerves will be found in the upper portion of the subcutaneous fat. As a general rule, the biopsy should be taken entirely within the lesion, preferably from the active margin if there is one.
- 2. Place in 10% buffered formalin, at least 5 volumes of fixative per volume of tissue. Label container with patient's name and biopsy site.
- 3. Submit Request Form and a brief clinical history including number of lesions, changes in sensation, previous diagnosis and present clinical impressions.
- 4. The patient's name, sex, race and social security number if available.
- 5. The patient's date of birth.
- 6. The submitting doctor's name and the address where the report is to be sent.
- 7. Send biopsy in leak-proof container.

The following specimens may also be submitted for evaluation (listed in order of preference):

- 1. Paraffin blocks.
- 2. Slides of unstained sections preferably at least 4 slides.
- 3. Stained slides to include H&E and Fite.

Specimens should be placed in protected mailing containers to prevent damage such as screwcap cardboard cylinders or padded mailing envelopes.

Specimens are then sent to:

National Hansen's Disease Programs Clinical Lab 1770 Physicians Park Drive Baton Rouge, LA 70816 Att: George Reed or Steve Keas

NATIONAL HANSEN'S DISEASE PROGRAMS CLINICAL LAB 1770 PHYSICIANS PARK DRIVE BATON ROUGE, LA 70816 1-800-642-2477 OR 225-756-3733 FAX: 225-756-3734

REQUEST FOR HISTOPATHOLOGICAL EVALUATION OF BIOPSY

(Biopsies are processed and examined free of charge)

Patient Name:		
Biopsy Date:	Biopsy Site:	
Date of Birth:	DD/YYYY)	Sex:
SSN (optional):		Race:
Address:		
City:		State:
State of Birth:		
Country of Birth:		
Brief Clinical History:		
Primary Physician:		
Telephone:	FAX:	E-mail:
David M. Scollard, M.D., Ph.D. (dscollard@hrsa.gov) Steve Keas (skeas@hrsa.gov)		

NHDP FORM 199 REV OCT 2011 REQUEST BIOPSY EVAL