

**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:

1. 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 address where the report is to be sent.
7. Send biopsy in leak-proof container.

The following specimens may also be submitted for evaluation and (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
PH: 225-757-3733

PATHOLOGY REQUEST FORM

From: National Hansen's Disease Programs

Date: _____

To: Dept of Pathology

To: Treating Dept. / Physician

Pathologist Name: _____

Phone No: _____

Email: _____

FAX No: _____

NHDP is requesting the release of biopsy material for consultation purposes: 5 slides of unstained sections and/or paraffin block from the patient identified below. (Block is required if PCR testing is requested. NHDP returns all blocks.)

Patient Name: _____ Date of Birth: _____

Address: _____ Sex: M F

State of Birth: _____ Country of Birth: _____ Race: _____

Accession #: _____ Collection Date: _____ Biopsy Site: _____

Brief history: _____

(Specify if on Prednisone, immunosuppressed, etc.) _____

Mail blocks or slides to:

National Hansen's Disease Programs
Attn: Clinical Laboratory
1770 Physicians Park Drive
Baton Rouge, LA 70816
Phone: 225-756-3733 / FAX: 225-756-3734

Send a copy of this form with the slides/blocks
Please include biopsy report
Consultation results will be Faxed to both
physicians