

# PROTOCOL FOR SUBMITTING SPECIMENS FOR HISTOLOGICAL EVALUATION OF HANSEN'S DISEASE

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The following are the requirements needed to send a biopsy for histological evaluation:

1. A biopsy collected with a 4 – 5 mm punch (2 mm if on face) or surgical excision. The specimen should be deep enough to include subcutaneous fat. This depth is important because the most prominently involved nerves will most often be found in the deep dermis. As a general rule, the biopsy should be taken from an active margin of a lesion.
2. Place specimen in 10% buffered formalin, at least 5 volumes of fixative per volume of tissue.  
\*if sending specimen in formalin, please use overnight/2-day shipping methods to avoid prolonged exposure
3. Label container with patient's name and biopsy site.
4. Please be sure to submit the consultation request form (below). This should include the submitting physician information, location to which materials should be returned, patient information, and a brief clinical history including number of lesions, changes in sensation, previous diagnosis and present clinical impressions.
5. Send the biopsy in a leak-proof container.
6. Some laboratories require the clinician to provide a signed consent from the patient before they will release any additional reports/biopsy materials to a third party. If this is the case, please submit this consent with your initial request to the referring lab in order to prevent any confusion or delay in release of specimens to the NHDP.

The following specimens may also be submitted for evaluation (listed in order of preference). Please also send a copy of any biopsy reports.

1. Paraffin block (If wet tissue is not submitted the paraffin block is required if PCR testing is to be performed.) Note: If tissue is too small, PCR may not be feasible and another biopsy may be required. Also, please send blocks with a cold pack to prevent damage/melting during warmer months.
2. Slides of unstained sections - preferably at least 4 slides.
3. Stained slides which include H&E and Fite stains.

The NHDP returns all blocks and stained slides.

**Specimens should be placed in protective mailing containers to prevent damage during shipment.**

Please send specimens to the following location:

National Hansen's Disease Programs

Attn: Clinical Lab (Nurah Al-Ahmed)

1770 Physicians Park Drive

Baton Rouge, LA 70816

Clinical Laboratory Phone: 225-756-3733

Fax: 225-756-3734

e-mail: NAL-AHMED@hrsa.gov



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**NATIONAL HANSEN'S DISEASE PROGRAM**  
1770 Physicians Park Drive – Baton Rouge LA 70816-3222  
1-800-642-2477 <http://www.hrsa.gov/hansensdisease>

**PATHOLOGY CONSULTATION REQUEST FORM**

Date: \_\_\_\_\_

**Submitting Provider/Pathologist Information:**

Pathologist Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

**TREATING Physician Information:**

Physician Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Fax No: \_\_\_\_\_  
Email: \_\_\_\_\_

\*\*\*Consultation results will be faxed to physicians listed above.

**Return Materials To:**

**Patient Information:**

Name(Last): \_\_\_\_\_, (First): \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Accession#: \_\_\_\_\_ Collection Date: \_\_\_\_\_ Biopsy Site: \_\_\_\_\_

**Brief History: (please check all that apply)**

1. Number of lesions:    5 or LESS lesions        MORE than 5 lesions
2. Does patient experience decreased sensation around biopsy site?    YES    NO
3. Was this condition ever previously treated?    YES    NO    If yes, where? \_\_\_\_\_
4. Has patient been prescribed any of the following?
  - \* Prednisone    YES    NO    CURRENTLY TAKING, DOSAGE: \_\_\_\_\_
  - \* Methotrexate    YES    NO    CURRENTLY TAKING, DOSAGE: \_\_\_\_\_
  - \* Biologics    YES    NO    CURRENTLY TAKING, DOSAGE: \_\_\_\_\_
5. Additional Information:

**Mail Pathology Materials To:**

National Hansen's Disease Program  
Attn: Clinical Lab-Nurah Al-Ahmed  
1770 Physicians Park Drive  
Baton Rouge, LA 70816  
Phone: 225-756-3733/Fax: 225-756-3734

\*\*\*Please include a copy of this form, as well as the biopsy report with submission.