

PROTOCOL FOR SUBMITTING SPECIMENS FOR EVALUATION OF HANSEN'S DISEASE

Submit the completed consultation request form (below) along with the biopsy sample to the National Hansen's Disease Program (NHDP).

Please clearly specify which tests should be performed by checking the appropriate boxes below (test(s) to be ordered).

Please include a copy of any related biopsy reports or clinical photos. Please send blocks with a cold pack.

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

1. A biopsy collected with a 4 - 5 mm punch. 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. After initial fixation in 10% neutral buffered formalin (for best PCR results tissue should not remain in formalin for more than 24 hours), process tissue into a paraffin block.
 - ***Initial pathology review should also be conducted prior to submitting the case to NHDP.**
 - *If using an auto embedder, specimen should be re-embedded prior to sending to avoid plastic cage.
3. Slides of unstained sections - 5 unstained slides are also required for staining & histology review at NHDP.
4. Stained slides may also be submitted for histological review -- **H&E & Fite stains only.**
5. If tissue cannot be processed into a paraffin block, place specimen in 10% neutral buffered formalin, and submit for processing at the NHDP. Expedited shipping methods should be used to avoid prolonged exposure to formalin. Packages are only received during weekdays with the exception of federal holidays.
 - ***Please note:** pathology services are conducted on a first come, first serve basis and subject to current workload/pathologist availability. Obtaining initial pathology review before sending is **strongly** recommended.

PCR TESTING--

The clinical laboratory is able to conduct PCR testing on the same formalin fixed specimen submitted for histological evaluation. Testing is limited to the identification of *M. leprae* and *M. lepromatosis*.

Requirements for PCR testing:

1. Paraffin block – required for PCR testing.
 - a. If tissue is too small, PCR may not be feasible and another biopsy may be required.
 - b. Please send blocks with a cold pack to prevent damage/melting during warmer months.
 - c. If auto embedded, specimen will need to be re-embedded prior to sending to avoid plastic cage.
2. Formalin fixed samples may also be submitted for PCR testing if tissue cannot be processed into a block.

Reporting:

Our lab is accredited through the Joint Commission and is CLIA certified separately from the NHDP clinic. As a result, we operate as a stand-alone entity; as with any other laboratory, we are unable to release lab results to any provider/practice other than those listed on the submission paperwork. For clinical consultation purposes, please make sure to check the appropriate box below, granting the NHDP Clinic access to this report as well.

Please send specimens to the following location:

National Hansen's Disease Program
Attn: Clinical Lab (Nurah Al-Ahmed)
9181 Interline Ave.
Baton Rouge, LA 70809
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
9181 Interline Ave. Baton Rouge, LA 70809
1-800-642-2477 <https://www.hrsa.gov/hansens-disease>

PATHOLOGY CONSULTATION REQUEST FORM

Date: _____

Submitting Provider/Pathologist Information:

Pathologist Name: _____

Phone No: _____

Fax No: _____

Email: _____

TREATING Provider Information:

Physician Name: _____

Phone No: _____

Fax No: _____

Email: _____

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Test(s) to be ordered: PCR Histological Review (H&E and Fite Stain)

Return Materials to: _____

Patient Information:

Name (Last): _____ Name (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. Please list any medications given for this condition _____
5. Additional Information:

Mail Pathology Materials To:

National Hansen's Disease Program
Attn: Clinical Lab-Nurah Al-Ahmed
9181 Interline Avenue
Baton Rouge, LA 70809
Phone: 225-756-3733/Fax: 225- 756-3734

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