

**Skeletal muscle Coenzyme Q10 Request form**  
**[electron carrier in mitochondrial respiratory chain]**

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**For Neurometabolic Use Only**  
 Date Received:  
 Time Received:  
 Accession Number:  
 In-house Code:  
 Freezer Rack location:  
 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.***

- Label an appropriate tube with patient details: surname, first name, date of birth, hospital number, sample date.
- Collect the muscle biopsy into the tube.
- Specimens should be no smaller than 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 for delivery.
- Please ensure all samples arrive during laboratory opening hours, currently 09:00 – 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**

Results

<b>Coenzyme Q10 Result (pmol/ml)</b>	<b>Protein Conc. (mg/ml)</b>	<b>Coenzyme Q10 result (pmol/mg protein)</b>	<b>Reference Range</b>
			<b>140 to 580 pmol/mg</b>

Results generated by:..... Date.....Results and 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>

External users: <https://www.uclh.nhs.uk/OurServices/ServiceA-Z/Neuro/NMU/Pages/Home.aspx>