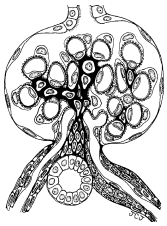

UNC DIVISION OF NEPHROPATHOLOGY

RENAL BIOPSY SPECIMEN REFERRAL FORM

—For Native Kidneys Only—

Send this referral form with tissue to:

UNC Division of Nephropathology
409 Brinkhous-Bullitt Bldg.
Department of Pathology CB#7525
UNC School of Medicine
Chapel Hill, NC 27599-7525

Telephone: (919) 966-2421
Fax: (919) 966-4542

Downloadable forms and further instructions can be found at our website: www.uncnephropathology.org

REFERRING HOSPITAL/INSTITUTION	REFERRING PHYSICIAN
Pathologist:	Nephrologist:
Hospital:	Address:
Address:	
	Phone:
Phone:	FAX:
FAX:	Email:

PATIENT INFORMATION

DATE OF BIOPSY:_____

The patient is (please circle one): Inpatient/Outpatient Referring hospital patient number: _____

Name: _____ _____ _____
(Last name) (First name) (Middle name or initial)

Race:_____ Sex: male / female Date of birth:_____ Age:_____

Is this a transplant? Yes No (If yes, please use transplant referral form)

History and Clinical Diagnosis

Diabetes Mellitus (Y/N) Obesity (Y/N) Malignancies (Y/N) Hypertension (Y/N) SLE (Y/N) Infection (Y/N)

Symptoms and Signs
Blood Pressure:_____ __ Edema ___ Arthritis/Arthralgias ___ Skin Lesions Other:

Laboratory Data

Urine

Sediment:	Red blood cell casts?	Other casts (specify)?
Hematuria?	Proteinuria?	_____gm/24 hr Proteinuria
Other:		_____ UPC ratio

Serum

Creatinine:	BUN:	Creatinine Clearance:
Albumin:	Glucose:	HbAlc:
Complement:	Cholesterol:	ASO:
ANA:	Anti-DNA:	ANCA: MPO ANCA? PR3 ANCA?
HepB INF:	HepC INF:	Other: _____
Previous renal biopsies:		

Therapy: