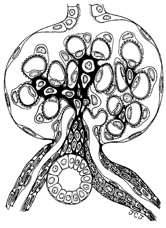

UNC DIVISION OF NEPHROPATHOLOGY

RENAL BIOPSY SPECIMEN REFERRAL FORM

—For Renal Allograft Biopsies—

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:__________________

Referring hospital patient number: __________

The patient is (please circle one): __Inpatient/__Outpatient

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

Race:____________ Sex: __male/ __female Date of birth:____________________ Age:__________

Date when current transplant was implanted: ____________________ **(Month/Day/Year)**

Previous Transplant Biopsies? Yes ☐ No ☐

If Yes, previous transplant biopsy diagnosis:____

Underlying Native Kidney Disease:
Was the diagnosis established by Biopsy? Yes ☐ No ☐

Previous Kidney Transplants? Yes ☐ No ☐
If Yes, is this the: __first/ __second/ __third/ __fourth/ __fifth transplant
Reason for previous graft loss:
Is this Reason: __Presumed / __Biopsy-Proven?

Age of Most Recent Donor:_______________ Sex: __Male /__Female Race:______________
Donor: __Cadaveric / __Living Related / __Living Unrelated
Ischemia (approx. time): Warm_______(min.)/Cold________(min.)

Delayed Graft Function: Yes ☐ No ☐ Undecided ☐
(During first week after transplant) If yes, how many days of hemodialysis:__________

Indication for current biopsy:

- Baseline-Biopsy (0-Hour) ☐
- Diagnostic Biopsy ☐
- "Protocol Biopsy" ☐
- Transplant ☐
- Nephrectomy ☐

Current Immunosupression	**CyA**	☐	**FK-506/Tacrolimus**	☐
	Steroids	☐	**Azathioprine**	☐
	MMF/CellCept/Myfortic	☐	**Rapamycin/Sirolimus**	☐
	ATG / ALG / OKT3 / Thymoglobulin	☐		
	IVIG	☐	**Rituximab (anti-CD 20)**	☐
	Anti-CD25 antibody (e.g. basiliximab)	☐		
	Campath-1 (Alemtuzumab)	☐	**Other_______________**	

Drug Levels ("eg CyA or FK trough levels")	**Low**	☐	**expected target range**	☐
	High	☐	**unknown**	☐

Specific anti-rejection treatment before biopsy (within last week) **Yes** ☐ **No** ☐

If yes, what was the type of preceding anti-rejection treatment:

OKT3	☐	**Bolus steroid**	☐	**Thymoglobulin/ATG**	☐
Radiation	☐	**Plasmapheresis**	☐	**IVIG**	☐
Rituximab (anti-CD 20)	☐	**Tacrolimus (rescue protocol)**	☐	Other_________________	

Patient is currently off all immunosupression?	**Yes** ☐	**No** ☐	
Patient seems compliant?	**Yes** ☐	**No** ☐	
Patient is currently back on hemodialysis?	**Yes** ☐	**No** ☐	
Evidence of antibodies	**Yes** ☐	**No** ☐	
If yes, titer specificity?	________________		
Blood Pressure (mmHg)	______/_______ (systolic/diastolic)		
Proteinuria:	__0 / __+ / __++ / __+++ (_____gm/24hrs)		
Hematuria:	**Yes** ☐	**No** ☐	
Suspicion of Glomerulonephritis?	**Yes** ☐	**No** ☐	
Urine Sediment:	Active ☐	Inactive ☐	Not Checked ☐
Serum Creatinine (present peak):	________mg %	(_______µmol/l)	
Serum Creatinine (baseline level, previous 3 months):	________mg%	(_______µmol/l)	

Clinical Signs of Infection at time of current Biopsy?	**Yes** ☐	**No** ☐	**Undecided** ☐
1. Polyoma(BK)virus	**Yes** ☐	**No** ☐	**Undecided** ☐
If yes, specify:	**Plasma PCR ____**	**Decoy Cells____**	**Urine PCR____**
2. CMV	**Yes** ☐	**No** ☐	**Undecided** ☐
3. Herpes	**Yes** ☐	**No** ☐	**Undecided** ☐
4. Hepatitis B/C	**Yes** ☐	**No** ☐	**Undecided** ☐
5. Adenovirus	**Yes** ☐	**No** ☐	**Undecided** ☐
6. EBV	**Yes** ☐	**No** ☐	**Undecided** ☐
7. Bacteria	**Yes** ☐	**No** ☐	**Undecided** ☐
8. Fungi	**Yes** ☐	**No** ☐	**Undecided** ☐
9. Urinary Tract	**Yes** ☐	**No** ☐	**Undecided** ☐
Other infections_________________			

Stenosis of renal artery	**Yes** ☐	**No** ☐	**Undecided** ☐
Obstruction of Ureter	**Yes** ☐	**No** ☐	**Undecided** ☐
Lymphocele	**Yes** ☐	**No** ☐	**Undecided** ☐