



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

Pathologist:

Hospital:

Address:

Phone:

FAX:

REFERRING PHYSICIAN

Nephrologist:

Address:

Phone:

FAX:

Email:

PATIENT INFORMATION ***PLEASE ALSO ATTACH ANY ADDITIONAL HISTORY*** (RECENT LABS, OFFICE NOTES, ETC.)

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: HbA1c:
Complement: Cholesterol: ASO:
ANA: Anti-DNA: ANCA: MPO ANCA? PR3 ANCA?
HepB INF: HepC INF: Other: _____
Previous renal biopsies: _____

Therapy: