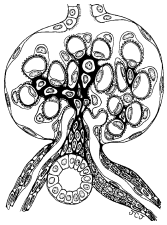

*UNC DIVISION OF NEPHROPATHOLOGY*

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

**DATE OF BIOPSY:_____** **REFERRING HOSPTIAL 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 or 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)** | ☐ | **"Protocol Biopsy"** | ☐ |
| **Diagnostic 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** | | | | | |
| **Other infections_____** | | | | | |

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