



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

<p><u>REFERRING HOSPITAL/INSTITUTION</u></p> <p><u>Pathologist:</u></p> <p><u>Hospital:</u></p> <p><u>Address:</u></p> <p><u>Phone:</u></p> <p><u>FAX:</u></p>	<p><u>REFERRING PHYSICIAN</u></p> <p><u>Nephrologist:</u></p> <p><u>Address:</u></p> <p><u>Phone:</u></p> <p><u>FAX:</u></p> <p><u>Email:</u></p>
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PATIENT INFORMATION

DATE OF BIOPSY: _____ **Biopsy Description:** _____ Formalin Michel's Glutaraldehyde
(length)

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:** _____

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: _____