



# 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](http://www.uncnephropathology.org)

<p><b><u>REFERRING HOSPITAL/INSTITUTION</u></b></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><b><u>REFERRING PHYSICIAN</u></b></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:** \_\_\_\_\_

**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**

<b>Current Immunosuppression</b>	CyA <input type="checkbox"/>	FK-506/Tacrolimus <input type="checkbox"/>
	Steroids <input type="checkbox"/>	Azathioprine <input type="checkbox"/>
	MMF/CellCept/Myfortic <input type="checkbox"/>	Rapamycin/Sirolimus <input type="checkbox"/>
	ATG / ALG / OKT3 / Thymoglobulin <input type="checkbox"/>	
	IVIg <input type="checkbox"/>	Rituximab (anti-CD 20) <input type="checkbox"/>
	Anti-CD25 antibody (e.g. basiliximab) <input type="checkbox"/>	
	Campath-1 (Alemtuzumab) <input type="checkbox"/>	Other _____ <input type="checkbox"/>

<b>Drug Levels ("eg CyA or FK trough levels")</b>	<b>Low</b> <input type="checkbox"/>	<b>expected target range</b> <input type="checkbox"/>
	<b>High</b> <input type="checkbox"/>	<b>unknown</b> <input type="checkbox"/>

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

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

OKT3 <input type="checkbox"/>	Bolus steroid <input type="checkbox"/>	Thymoglobulin/ATG <input type="checkbox"/>
Radiation <input type="checkbox"/>	Plasmapheresis <input type="checkbox"/>	IVIg <input type="checkbox"/>
Rituximab (anti-CD 20) <input type="checkbox"/>	Tacrolimus (rescue protocol) <input type="checkbox"/>	Other _____ <input type="checkbox"/>

<b>Patient is currently off all immunosuppression?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Patient seems compliant?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Patient is currently back on hemodialysis?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Evidence of antibodies</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

**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