

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Patient information\***

Collection date: \_\_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_ A.M./P.M.

Name (last, first, middle initial): \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of birth (MM/DD/YYYY): \_\_\_\_\_

Medical record/Patient ID#: \_\_\_\_\_

**Billing information\***

**\*\*You MUST include copies of the patient's demographics sheet and both sides of the patient's insurance card(s), along with any secondary insurance information (if applicable), with this requisition.\*\***

**Provider information**

Ordering physician: \_\_\_\_\_

Ordering physician NPI #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pathologist: \_\_\_\_\_

Duplicate report sent to: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Clinical information for muscle/nerve biopsies**

Clinical question/Differential diagnosis (Attach clinical notes.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Biopsy site: \_\_\_\_\_

Weakness:  Proximal  Distal

Illness duration:  Acute  Chronic

Immunosuppressive treatment administered to the patient prior to biopsy (e.g. steroids)?:  Yes  No

Results of nerve conduction/EMG studies: \_\_\_\_\_  
\_\_\_\_\_

Referring **MUSCLE/NERVE DOCTOR** to contact with results?

Rush (Before sending any rush cases, call us at 352.265.9900 to provide contact details for the person who will receive the results.)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Clinical information for renal biopsies**

Biopsy:  Native  Transplant

Clinical syndrome under evaluation (Check all that apply.):

- Acute renal failure  Chronic renal failure  Proteinuria
- Nephrotic syndrome  Nephritic syndrome  Hematuria (micro)
- Rapidly progressive glomerulonephritis  Hematuria (macro)
- Diabetes  Hypertension  Drug history
- Family history of renal disease
- Transplant follow-up | Date of transplant: \_\_\_\_\_

**Narrative history/Data (Provide clinical notes below.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Relevant labs:**

- Serum creatinine (mg/dL): \_\_\_\_\_
- Glomerular filtration rate (GFR): \_\_\_\_\_
- Urine protein: \_\_\_\_\_
- Hemoglobin A1c: \_\_\_\_\_

C3:  Low  Normal

C4:  Low  Normal

**Designate if positive (P) or negative (N):**

ANA:  P  N      pANCA:  P  N      cANCA:  P  N

Hep. B:  P  N      Hep. C:  P  N      dsDNA:  P  N

HIV:  P  N      Cryo.:  P  N      Anti-GBM:  P  N

Monoclonal protein serum:  P  N

Monoclonal protein urine:  P  N

Referring **KIDNEY DOCTOR** to contact with results?

Rush (Before sending any rush cases, call us at 352.265.9900 to provide contact details for the person who will receive the results.)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**RENAL/MUSCLE/NERVE PATHOLOGY REQUISITION**

<http://pathlabs.ufl.edu>



## Renal Pathology Biopsy Clinical Information Form \*

Ordering physician (Please sign.): \_\_\_\_\_

Patient name: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: M F

Biopsy (Circle one.): NATIVE      TRANSPLANT

### Clinical syndrome under evaluation (Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Acute renal failure                             | <input type="checkbox"/> Chronic renal failure |
| <input type="checkbox"/> Nephrotic syndrome                              | <input type="checkbox"/> Nephritic syndrome    |
| <input type="checkbox"/> Hematuria - Micro                               | <input type="checkbox"/> Hematuria - Macro     |
| <input type="checkbox"/> Rapidly progressive glomerulonephritis          | <input type="checkbox"/> Proteinuria           |
| <input type="checkbox"/> Transplant follow-up   Date of treatment: _____ |  |

### Narrative history/data:

\_\_\_\_\_  
\_\_\_\_\_

### Relevant labs:

Serum creatinine (mg/dL): \_\_\_\_\_ GFR: \_\_\_\_\_  
Urine protein: \_\_\_\_\_ Hgb A1C: \_\_\_\_\_

### Designate if positive/negative:

ANA: \_\_\_\_\_ pANCA: \_\_\_\_\_ cANCA: \_\_\_\_\_ dsDNA: \_\_\_\_\_  
Hep. B: \_\_\_\_\_ Hep. C: \_\_\_\_\_ HIV: \_\_\_\_\_ Cryo.: \_\_\_\_\_  
Monoclonal protein Serum: \_\_\_\_\_ Monoclonal protein urine: \_\_\_\_\_

Is this specimen a rush/urgent specimen?      Yes      No

Referring nephrologist to contact with results: \_\_\_\_\_

Contact phone number: \_\_\_\_\_  
*Pager and/or mobile phone numbers are preferred.*

\* It is the policy of University of Florida Health Pathology Laboratories to contact submitting nephrologists with preliminary results for their patient's biopsy as soon as they are available. If no information is provided, we may not be able to provide timely follow-up.

## Instructions for Preparing and Shipping Renal Biopsies to UF Health Pathology Laboratories

### What is included in this kit?

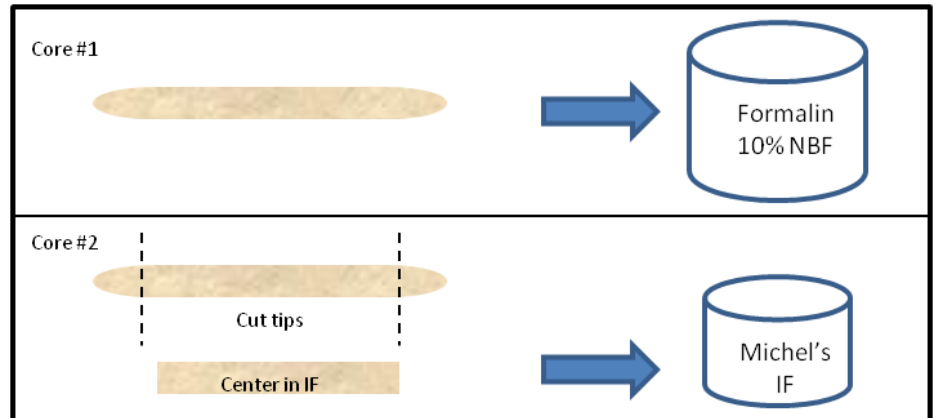
- One vial of formalin
- One requisition form
- One vial of Michel's (IF) medium
- One Renal Pathology Biopsy Clinical Information Form

### How to prepare the specimen:

Proper handling of the specimen depends on the number of cores and amount of tissue collected.

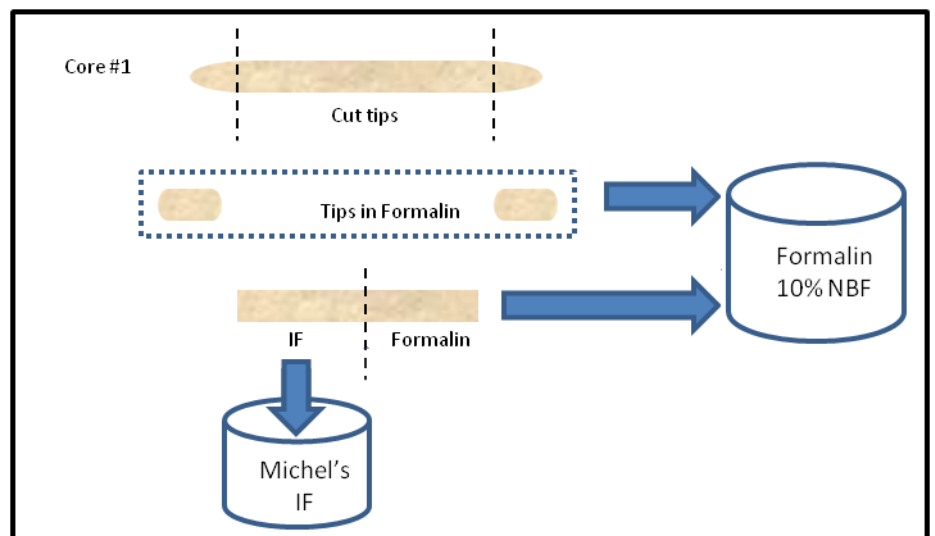
#### Two cores:

- Place Core #1 in formalin.
- Cut the tips (1 mm) off other core.
- Submit the tips from Core #1 in formalin.
- Place the remainder of Core #2 in Michel's (IF) medium.



#### One core (> 5 mm):

- Cut off 1 mm of tissue off of the ends of the specimen.
- Submit the tips of the specimen in the formalin vial.
- Cut the remaining specimen in half.
- Submit one half of the remaining specimen in formalin.
- Submit the other half of the remaining specimen in Michel's (IF) medium.



#### One core or scant tissue (< 5 mm):

- Submit one half of the tissue in formalin and the other half in Michel's (IF) medium.
- We can triage tissue in formalin for electron microscopy if needed.