



## 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:

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### 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.