

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?

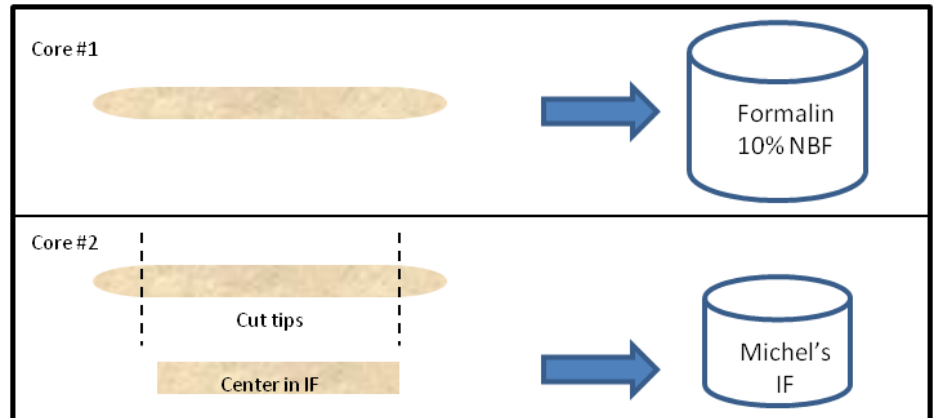
- One vial of formalin
- One requisition form
- One vial of Michel's (IF) medium
- One Renal Pathology Biopsy Clinical Information Form

How to prepare the specimen:

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

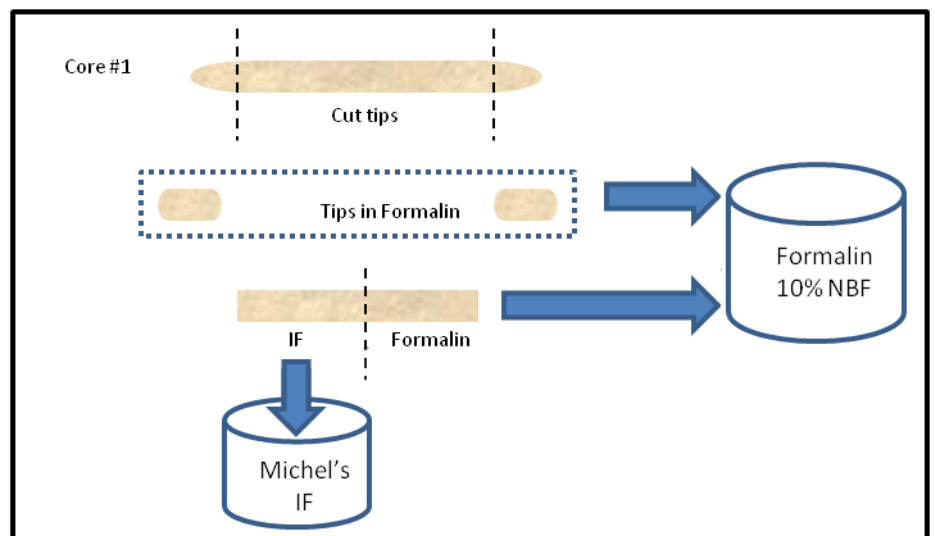
Two cores:

- Place Core #1 in formalin.
- Cut the tips (1 mm) off other core.
- Submit the tips from Core #2 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.