



UNC NEPHROPATHOLOGY SERVICE

RENAL BIOPSY SPECIMEN REFERRAL FORM (DBT 9/26/2002)

INSTRUCTIONS

1. Obtain tissue and partition for LM, IM and EM.
To avoid contamination, always put the same cap back on the vial.
2. Place tissue for light microscopy (LM) in Buffered Formalin
3. Place tissue for immunofluorescence microscopy (IM) in Transport Medium.
4. Break glutaraldehyde ampoule; empty into vial labeled Glutaraldehyde.
Place tissue for EM in buffered glutaraldehyde.
5. **Fill in parts 1, 2 and 3 of this referral form.**

6. Send this referral form with tissue to:
J. Charles Jennette, M.D.
409 Brinkhous-Bullitt Bldg.
Department of Pathology CB#7525
UNC School of Medicine
Chapel Hill, NC 27599-7525
Call (919) 966-2421 or Carolina Consultation Center 1-800-862-6264 paging service for assistance.
Our FAX is (919) 966-4542

The UNC Nephropathology Lab does not bill patients or insurance.
The bill for services will be directed to the referring institution below.

<p><u>PART 1: SEND BILL AND REPORT TO:</u> Enter name and address of the referring institution to receive the report, bill, slides and micrographs. SPECIMEN # OF REFERRING INSTITUTION & DATE OF BIOPSY: _____ / ____ / ____</p> <p><u>Pathologist:</u> <u>Hospital:</u> <u>Address:</u></p> <p><u>Phone:</u> <u>FAX:</u></p>	<p><u>PART 2: SEND REPORT TO:</u> Enter the name and address of the nephrologist who will be sent a copy of the report, slides and micrographs directly.</p> <p><u>Nephrologist:</u> <u>Address:</u></p> <p><u>Phone:</u> <u>FAX:</u></p>
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<p><u>PART 3: PATIENT INFORMATION</u> <small>(COMPLETE REVERSE SIDE FOR RENAL TRANSPLANTATION)</small></p>	
<p>Name: _____ <small>(Last name) (First name) (Middle name or initial)</small></p>	
<p>Race: _____ Sex: male female Date of birth: _____ Age: _____ <small>(Circle one.) (month, day, year)</small></p>	
<p>Is this a transplant? Yes No If yes, please fill out the other side of this form.</p>	
<p>History and Clinical Diagnosis</p>	
<p>Symptoms and Signs Blood Pressure: _____ Edema ___ Arthritis/Arthralgias ___ Skin Lesions ___ Other: _____</p>	
<p>Laboratory Data</p>	
<p>Urine Sediment: Hematuria? _____ Proteinuria? _____ gm/24 hr Proteinuria Other: _____</p>	
<p>Serum Creatinine: _____ BUN: _____ Creatinine Clearance: _____ Albumin: _____ Cholesterol: _____ Complement: _____ ANA: _____ Anti-DNA: _____ ASO: _____ ANCA: _____ HBsAg: _____ Other: _____</p>	
<p>Therapy: _____</p>	

Complete this section only when biopsy is from a renal transplant.

What was the indication for this biopsy? (circle)

Baseline-Biopsy (0-Hour)	Diagnosis	Protocol	Nephrectomy (non-harvest)	Autopsy
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Blood Pressure (mmHg) _____ / _____ (systolic / diastolic)

Proteinuria 0 / + / ++ / +++ (_____ g / 24 hours) **Hematuria** Yes No Not known

Serum Creatinine (present peak) _____ mg % (_____ μmol/l)

Serum Creatinine (baseline, previous 3 months) _____ mg % (_____ μmol/l)

Is patient currently on hemodialysis? Yes No Not known

Is there evidence of alloantibodies? Yes No Not known If yes, PRA titer: _____

Underlying native kidney disease: _____

Was that diagnosis established by biopsy? Yes No Not known

Previous kidney transplants? Yes No Not known If yes, this is 2nd . 3rd . 4th . 5th transplant.

Date of current transplant _____ / _____ / _____ (mm/dd/yy)

Was there delayed graft function during first week after transplantation: Yes No Not known

If yes, how many days on hemodialysis after transplantation _____

Has this transplant been biopsied before? Yes No Not known

If yes, what were previous biopsy diagnoses? _____

Is patient currently on immunosuppression? Yes No Not known

If yes, what is the current baseline immunosuppression? (circle)

OKT3	CyA	Steroids p.o.	ATG/ALG	Azathioprine	FK-506/Tacrolimus
MMF/CellCept	Rapamycin	Anit-CD25 Ab (e.g. basiliximab)		Other:	

Does patient seem compliant? Yes No Not known

Has there been specific anti-rejection treatment (within the last week)? Yes No Not known

If yes, what was the type of preceding anti-rejection treatment? (circle)

OKT3	Bolus steroids	ATG/ALS	Radiation	Plasmapheresis	Anti-thymogloblin
Tacrolimus (rescue protocol)		Other:			

Is there an infection at the time of current biopsy?

CMV	Herpes	Hepatitis B/C	Other viruses	Bacteria	Fungi	Urinary Tract
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Is there...

Stenosis of renal artery? Yes No Not known

Obstruction of ureter? Yes No Not known

Lymphocele? Yes No Not known

Donor Kidney Information

Age of donor: _____ (years) Sex of donor: male female Race of donor: _____

Donor: Living related Living unrelated
 Cadaveric Cause of death: Trauma Non-Trauma

Ischemia (approx. time): Warm.....(min.)//Cold.....(min.)