



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

333 W. 10th Ave
B073 Graves Hall
Columbus, OH 43210

Test Requested

Native Transplant

Kidney Biopsy
_____ Right
_____ Left

Ordering Diagnosis

Ethnic Origin:

**THE OHIO STATE UNIVERSITY SURGICAL PATHOLOGY
IF-F-30 RENAL BIOPSY REQUEST FORM**

(614) 293-9258 phone
(614) 293-4255 fax

Collection Date & time	Collector's initials	Account Number	Patient ID/MRN	STAT
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Please print ordering Nephrologist's name:

CALL TO: _____

FAX TO: _____

Additional copy of report to: _____

Billing Information

Bill Submitting Institution (account number needed)
 Bill patient or third party insurance (Please attach a copy of the front & back of patient's insurance card or supply the following information):

Company Name _____
Address _____
City _____ State _____ Zip _____
Contract/Policy # _____
Guarantor Name _____

Submitting Institution:

Signature (required if billing insurance):

Please print name:

Print Patient Information

Last Name _____
First Name _____ Middle initial _____
Sex _____ Birth Date _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

CLINICAL HISTORY	LABORATORY DATA	LABORATORY DATA	LABORATORY DATA
<p>Occurrence and Duration</p> <p>Proteinuria _____ Hematuria _____ U.T. infection _____ Loin Pain _____ Edema _____ Hypertension _____ Diabetes _____ Arthritis _____ Rash _____ Pre/Eclampsia _____ Deafness _____ Previous Renal Biopsy _____ Other Comments _____</p> <p>FAMILY HISTORY</p> <p>Diabetes _____ Kidney Disease _____ Allergic History _____ Hypertension _____ Deafness _____ Other Comments _____</p> <p>PHYSICAL</p> <p>BP _____ Weight _____ Height _____ Temperature _____ Edema _____ Fundi _____ Effusions _____ Rash _____ Arthritis _____ Hepatomegaly _____ Splenomegaly _____ Lumbar Pain _____ Other Comments _____</p>	<p>URINE</p> <p>pH: _____ Specific Gravity _____ Albumin _____ Glucose _____ RBC's _____ WBC's _____ Epithelial Cells _____ Casts (indicate below) Hyaline _____ Granular _____ RBC _____ WBC _____ 24 HR Urine Volume _____ Protein _____ Other _____</p> <p>RENAL FUNCTION</p> <p>BUN _____ Serum Creat. _____ Creat Clear. _____ ml/mn IVP _____ Kidney size by X-ray _____</p> <p>HEMATOLOGY</p> <p>Albumin _____ Globulin _____ Cryoglobulin _____ Haptoglobin _____ Fragmented RBC's _____ Sed Rate _____ Hgb _____ Hct _____ WBC _____</p>	<p>HEMATOLOGY (CONT'D)</p> <p>Differential N _____ B _____ L _____ M _____ B _____ E _____ Platelets _____ FDP _____ PT _____ PTT _____</p> <p>IMMUNOLOGY</p> <p>FANA _____ Antiphospholipid ab _____ Lupus Anticoagulants _____ Anti-DNA _____ Anti-GBM _____ ANCA _____ Rheum. Factor _____ Coombs Test _____ C Profile _____ C3 _____ C4 _____ C3PA _____ C3NeF _____ CH50 _____ ASO Titer _____</p> <p>SEROLOGIES</p> <p>Hep B _____ Hep C _____ HIV _____ CMV _____ Other _____</p> <p>MICROBIOLOGY</p> <p>Cultures Urine _____ Throat _____ Blood _____ Other _____</p>	<p>CHEMISTRY</p> <p>Uric Acid _____ Cholesterol _____ Calcium _____ Phosphorus _____ Glucose _____ Sodium _____ Potassium _____ Alk. Phos. _____ LDH _____</p> <p>Electrophoresis a1 _____ a2 _____ B _____ Y IgG _____ IgA _____ IgM _____ Monoclonal Protein _____ Serum _____ Urine Other _____</p> <p>THERAPY OR OTHER COMMENTS:</p>