EXPRESSMED LABORATORIES

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Renal Pathology Requisition

For ExpressMed Lab use only

Date Received: ..... Initial: .....

Time Received: ..... Accession#:

Patient Information

Name: .....

ID/CPR: ..... Nationality: .....

DOB: (dd/mm/yyyy) ..... ☐ Male ☐ Female

Phone: .....

Tests Requested

Please check all testing you are requesting:

☐ **LM, IF & EM** ☐ **LM & IF** ☐ **EM only**

☐ **C4d** ☐ **BK Virus** ☐ **Consult**

SPECIAL INSTRUCTIONS:

Specimen Information

Has the patient had a RENAL TRANSPLANT ? ☐ **Yes** ☐ **No** **If Yes, when ?** _____

Specimen Source: ☐ Left Kidney ☐ Right Kidney Collection Date:...../...../..... ☐ Outpatient ☐ Inpatient

Specimen(s): ☐ Formalin Vial ☐ Michel's Vial ☐ Glutaraldehyde Vial ☐ Slides ☐ Paraffin block

Nephrologist to call with biopsy results

Ordering Nephrologist Name: .....

Mobile: ..... **Tel:** ..... **Fax:** .....

Group Name: .....

Address: ..... **City:** ..... **State:** ..... **Zip:** .....

Referring Institution or Pathology Group

Institution/Path Group Name: .....

Pathologist Name: .....

Tel: ..... **Fax:** .....

Address: ..... **City:** ..... **State:** ..... **Zip:** .....

Clinical Hx and Dx being considered

Required

Form completed by: .....

Date: ..... Phone: .....

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Patient Clinical Data Sheet

Patient Name:		Referred Facility:	
DOB:		Nephrologist:	
Gender:			
Date of Biopsy:			
Clinical Diagnosis:			

Biopsy Type:	▢ Native | ▢ Transplant | ▢ LRTx | ▢ CAD | ▢ Extended Donor | ▢ Peds Donor		
Course of disease:	▢ Acute Renal Failure	▢ Chronic Renal Failure	▢ Unknown
Presentation:	▢ Acute Nephritic Syndrome	▢ Nephrotic Syndrome	▢ Nephrotic Range Proteinuria
	▢ Isolated Hematuria	▢ HUS/TTP	
Onset of renal disease:	(m/y):		
Family History:	▢ No	▢ Yes, specify:	
Hypertenstion:	▢ No	▢ Yes	▢ BP controlled on medication
Other Diseases:	▢ DM Type 1	▢ DM Type2	▢ Onset of DM(y):
	▢ Malignancy	▢ Rheumatic Disease	▢ Drug Abuse
	▢ Bacterial Infection	▢ Viral Infection	Please Specify:
Therapy:			

Lab Details:

S. Creatinine:	mg/dl	µmol/l	ANA:	▢ Positive	Titre:
Proteinuria:	g/dl			▢ Negative	
S. Albumin:	g/dl		Anti-ds DNA:	▢ Positive	
Cholesterol:	mg/dl	mmol/l		▢ Negative	
Creatinine Clearance:	ml/min		Anti-GBM:	▢ Positive	
C-ANCA(PR3):				▢ Negative	
P-ANCA(MPO):	▢ Negative			▢ ND	
Cryoglobulins: (Please Specify)			Complement C3:	▢ Low	
				▢ Normal	
				▢ ND	
Infections: ▢ Hepatitis B	▢ EBV		Complement C4:	▢ Low	
▢ Hepatitis C	▢ CMV			▢ Normal	
▢ HIV	▢ Polyomavirus			▢ ND	

Urine Analysis Erythrocytes: Protein: Sugar: Others:	Additional Information: