

UW Medicine

PATHOLOGY

Native Kidney Biopsy Requisition Form

Anatomic Pathology, Box 356100
Room BB244
 Seattle, WA 98195-6100
 Ph. 206.598.2030, Fax 206.598.4928 (Accessioners)
 Ph. 206.598.6061 (Renal Biopsy Technologist)

UWMC PATIENT NO.		UWMC ACCESSION NO.	
PATIENT NAME		DATE OF BIRTH	
AGE	SEX	HEIGHT	WEIGHT

- 1) TODAY'S DATE: _____
- 2) PREVIOUS BIOPSY: YES / NO (If YES, date of previous biopsy: _____)
- 3) CLINICAL DIAGNOSIS/ CONCERNS: _____
- _____
- _____

4) RENAL DISEASE:
 - ARF or CKD Known duration: _____

5) MEDICAL HISTORY
 -Hypertension YES / NO _____ BP: Systolic: _____ / Diastolic: _____
 -Diabetes YES / NO _____
 -Family history YES / NO _____

6) TREATMENT: (If YES, please specify which drugs and dosage)

Antibiotics	Yes / No
Antihypertensive Agents	Yes / No
Immunosuppressants	Yes / No
Other Medications	Yes / No

7) LABORATORY DATA:

Creatinine	_____ mg/dl	
Creatinine Clearance	_____ ml/min.	
Proteinuria	_____ gm/24h	
or (circle one)	0 1+ 2+ 3+ 4+	
Urine Culture:		
Urine sediment	RBC	_____
	WBC	_____
	casts	_____

SEROLOGY	
ANA + / - titer _____	Anti-ds DNA + / - titer _____
ANCA +/- titer _____	
Anti-GBM +/- titer _____	
Complement: C3 _____ C4 _____	
HIV + / - HepB + / - HepC + / -	
Other _____	

Requesting Physician: _____ **Pager, cell:** _____