

UW Medicine

PATHOLOGY

Native Kidney Biopsy Requisition Form

Anatomic Pathology, Box 356100

Room BB220

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:** _____