

# UW Medicine

PATHOLOGY

## Native Kidney Biopsy Requisition Form

Anatomic Pathology, Box 356100

**Room BB220D**

Seattle, WA 98195-6100

Phone: (206) 598-6400

Supplies, Fax: (206) 598-8049

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:** \_\_\_\_\_