



VANDERBILT UNIVERSITY MEDICAL CENTER
REQUEST FOR BIOPSY CONSULTATION
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PLEASE, FILL IN ALL SPACES ACCURATELY TO INSURE PROPER HANDLING OF SPECIMEN

Patient Name: Age: Date of Birth: Sex: M/F,
Race: SSN: Medical Record #: In patient / out patient (circle one)

Other materials sent:

Tissue sent: Paraformaldehyde (LM) Michel's (for IF) glutaraldehyde (for EM)

Form section for REQUESTING PATHOLOGIST'S NAME, FACILITY NAME, ADDRESS, PHONE, FAX NUMBER, and PAGER/CELL NUMBER, repeated for a CLINICIAN.

PATIENTS' MEDICAL HISTORY :

Duration/Magnitude of:

Proteinuria Hematuria Edema Skin lesions
HTN DM Arthritis Fever

Family History: Pregnancy

Other:

NATIVE BIOPSY PATIENTS ONLY:

Date of Biopsy: Date of Admission

BIOPSY: PERCUTANEOUS OPEN NEPHRECTOMY

Clinical Diagnosis

**TRANSPLANT PATIENTS ONLY:**

**Primary Disease** \_\_\_\_\_

**Transplant Biopsy Date/Time:** \_\_\_\_\_, \_\_\_\_:\_\_\_\_ a.m. / p.m.

**Clinical Diagnosis** \_\_\_\_\_ **Date of Transplant:** \_\_\_\_\_

**PHYSICAL EXAM:**

BP \_\_\_\_\_/\_\_\_\_\_ Pulse \_\_\_\_\_ Fundi \_\_\_\_\_

Skin \_\_\_\_\_ Edema \_\_\_\_\_ Lungs \_\_\_\_\_

**BOTH TRANSPLANT AND NATIVE PATIENTS**

**MEDICATIONS:**

Duration of/treatment with:

Analgesic (NSAID's) \_\_\_\_\_ Antibiotics \_\_\_\_\_

Steroids \_\_\_\_\_ Cytotoxic agents \_\_\_\_\_

Diuretics \_\_\_\_\_ Others \_\_\_\_\_

**LATEST LABS:**      **DATE:** \_\_\_\_\_

Na+ \_\_\_\_\_ K+ \_\_\_\_\_ Cl \_\_\_\_\_ CO2 \_\_\_\_\_ BUN \_\_\_\_\_ Cr \_\_\_\_\_ HCT \_\_\_\_\_

WBC/diff \_\_\_\_\_ Plt \_\_\_\_\_ ESR \_\_\_\_\_ PT/PTT \_\_\_\_\_ Total Eos \_\_\_\_\_ HB Ag \_\_\_\_\_

HCT \_\_\_\_\_ Uric acid \_\_\_\_\_ SGOT/LDH/Bili \_\_\_\_\_ CH50 \_\_\_\_\_ C3 \_\_\_\_\_ C4 \_\_\_\_\_

ANA \_\_\_\_\_ Anti DNA \_\_\_\_\_ Hep C \_\_\_\_\_ Cryoglob \_\_\_\_\_ SPEP/SIEP \_\_\_\_\_

ANCA \_\_\_\_\_ Anti-GBM \_\_\_\_\_

**Urinalysis:** Sp.gr. \_\_\_\_\_ pH \_\_\_\_\_ Protein \_\_\_\_\_ RBC's \_\_\_\_\_ WBC's \_\_\_\_\_

Casts (type) \_\_\_\_\_ **24 hr urine:** Protein \_\_\_\_\_ UIEP \_\_\_\_\_ Creatinine \_\_\_\_\_

Urine Eos \_\_\_\_\_ Cr. clear \_\_\_\_\_

**Date/Findings:** Renal scan \_\_\_\_\_ Echocardiogram \_\_\_\_\_

Sinus films \_\_\_\_\_ Other \_\_\_\_\_

**Abnormalities:** EKG \_\_\_\_\_ CXR \_\_\_\_\_

Pre-Biopsy diagnosis: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_