

## Biopsy Consultation Request Form

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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 #: \_\_\_\_\_ Inpatient/Outpatient (Circle One)

**Other materials sent:** \_\_\_\_\_

Tissue Sent: \_\_\_\_\_ Paraformaldehyde (LM): \_\_\_\_\_ Michel's (for IF): \_\_\_\_\_ Glutaraldehyde (for EM)

Requesting Pathologist's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Requesting Clinician's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Faculty Name: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

**Patient Medical History**

Duration/Magnitude of:

Proteinuria: \_\_\_\_\_ Hematuria: \_\_\_\_\_ Edema: \_\_\_\_\_ Skin Lesions: \_\_\_\_\_

HTN: \_\_\_\_\_ DM: \_\_\_\_\_ Arthritis: \_\_\_\_\_ Fever: \_\_\_\_\_

Family History: \_\_\_\_\_ Pregnancy: \_\_\_\_\_

Other: \_\_\_\_\_

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**Native Biopsy Patients Only**

Date of Biopsy: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

**Biopsy:** Percutaneous: \_\_\_\_\_ Open: \_\_\_\_\_ Nephrectomy: \_\_\_\_\_

Clinical Diagnosis: \_\_\_\_\_

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**Transplant Patients Only**

Primary Disease: \_\_\_\_\_

Transplant Biopsy Date/Time: \_\_\_\_\_, \_\_\_\_\_ : \_\_\_\_\_ am / pm

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

**Physical Exam**

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

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

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**Both Transplant and Native Patients**

**Medications**

Duration of/Treatment with: \_\_\_\_\_

Analgesic (NSAIDs): \_\_\_\_\_ Antibiotics: \_\_\_\_\_

Steroids: \_\_\_\_\_ Cytotoxic Agent: \_\_\_\_\_

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: \_\_\_\_\_ RBCs: \_\_\_\_\_ WBCs: \_\_\_\_\_

Casts (type): \_\_\_\_\_ **24-hour Urine:** Protein: \_\_\_\_\_ UIEP: \_\_\_\_\_ Creatinine: \_\_\_\_\_

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

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

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

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

Pre-Biopsy Diagnosis: \_\_\_\_\_

**Additional Information**

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