

VANDERBILT UNIVERSITY MEDICAL CENTER REQUEST FOR BIOPSY CONSULTATION

Agnes Fogo, M.D., Director

Director, Division of Renal/Electron Microscopy Pathology Laboratory

C2317 Medical Center North, Nashville, TN 37232-2561

Phone (615) 322-3070 *** Fax (615) 322-4840

**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)

.....

REQUESTING PATHOLOGIST'S NAME: _____ NPI#: _____

FACILITY NAME: _____ e-mail: _____

FACILITY ADDRESS: _____

PHONE: _____ - _____ - _____ FAX NUMBER: _____ - _____ - _____ PAGER/CELL NUMBER: _____ - _____ - _____

.....

REQUESTING CLINICIAN'S NAME: _____ NPI #: _____

FACILITY NAME: _____ e-mail: _____

FACILITY ADDRESS: _____

PHONE: _____ - _____ - _____ FAX NUMBER: _____ - _____ - _____ PAGER/CELL: _____ - _____ - _____

.....

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:

