



RENAL BIOPSY REQUISITION FORM

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MRN _____ NAME: _____ SEX _____ DOB _____
(last) (first)

HOSPITAL _____ BIOPSY DATE _____ PREV. BIOPSY _____

Clinical Diagnosis: _____

Patient's chief complaint:

History & physical examination:

Known duration of renal disease: _____ days _____ weeks _____ months _____ years

HISTORY Please circle YES or NO for each of the following:

Edema	Yes	No	Nephrotic Syndrome	Yes	No
Gross Hematuria	Yes	No	Polyuria	Yes	No
Flank Pain	Yes	No	Renal Masses	Yes	No
History of stones	Yes	No	Family History	Yes	No
Dysuria	Yes	No	Diabetes	Yes	No
Oliguria	Yes	No	Hypertension	Yes	No
Anuria	Yes	No	B.P: Systolic _____ Diastolic _____		
OTHER: _____					

TREATMENT Please circle YES or NO for each of the following:

Heparin	Yes	No	Any drug history (narcotics, NSAIDs, etc.)	Yes	No
Antibiotics	Yes	No	Anti-hypertensive agents	Yes	No
Steroids	Yes	No	Specify drugs: _____		
Imuran	Yes	No			
Cytotoxic drugs	Yes	No			

LABORATORY DATA:

BUN _____ mg/dl
 Creatinine _____ mg/dl
 Creatinine Clearance _____ ml/min
 Urine Protein _____ g/24hrs
 0 1+ 2+ 3+ 4+ (circle one)

ANA titer: _____
 pattern: _____

Double-stranded DNA: titer _____
 Other specific anti-nuclear antibodies: _____

ANCA: p-ANCA _____ c-ANCA _____
 titer _____
 myeloperoxidase (ELISA) _____
 proteinase 3 (ELISA) _____

Anti-GBM antibody: titer _____
 Fibrin split products: positive _____ negative _____
 ASO titer: _____
 Anti-hyaluronidase: _____
 Complement: C3 _____ C4 _____ mg/dl

Hepatitis serology: _____

Urine Sediment: _____
 RBC: _____
 WBC: _____
 Casts: _____

Urine culture col/ml: _____
 Organism(s): _____
 Nephritogenic organism? _____
 Ultrasound:
 Size: Right _____ cm Left _____ cm
 Echogenicity: Normal _____ Increased _____
 Hydronephrosis: Yes _____ No _____
 Masses: Yes _____ No _____

Other: _____

Form filled in by _____ Phone _____

NEPHROLOGIST _____ Phone: _____