# Renopath™

Center for Renal and Urological Pathology Pvt Ltd
**Door No.27 & 28, VMT Nagar, Kolathur, Chennai - 600 099, (Near DRJ Hospital)**
**Ph. : 044-4861 5115, Email : renopath@yahoo.com Timings : 8.00 am to 5.00 pm Monday to Saturday**
**CIN : U93000TN2013PTC090362**

## HISTOPATHOLOGY REQUEST FORM

Patient's Name..... Age ..... Gender ..... Biopsy date .....Time .....

Patient's Contact No. .....

Consultant ..... Institution..... Contact Number .....

**NATIVE KIDNEY BIOPSY** LM ☐ IF ☐ EM ☐

**INDICATION FOR BIOPSY**

.....

**MEDICAL HISTORY**

Hypertension Yes / No Duration ..... Diabetes Yes / No Duration .....

Nephrotoxic drug intake Yes / No Renal Disease in family Yes / No

Previous biopsies .....Other Relevant History .....

**PHYSICAL EXAMINATION**

Pallor Yes / No Edema Yes / No Purpura Yes / No

BP.....mmHg Other significant findings .....

**INVESTIGATIONS**

Hb..... gm % TC ...../ $mm^3$ D C ..... ..... Platelet/$mm^3$.....

Peripheral smear .....

Blood urea ..... mg/dl S. Creatinine ..... mg/dl Blood sugar ..... mg/dl

Total Protein ..... gm% S. Albumin .....% S.Globulin .....%

S. Cholesterol ..... mg% LDH ..... CPK.....

| | | |
|---|---|---|
| Urine Examination | Protein | |
| | RBC | |
| | WBC | |
| | Casts / Crystals | |
| 24 hrs urine protein : ..... UPCR ..... | | |

| | |
|---|---|
| ANA | Anti-ds DNA |
| ANCA | Anti GBM |
| C3 | C4 |
| HIV Hep B Hep C | |
| SPEP / UPEP | |

**RENAL TRANSPLANT BIOPSY** LM ☐ IF ☐ C4d ☐ EM ☐

DONOR : Live related / Live unrelated / ABOi / Deceased / Extended

| | | | |
|---|---|---|---|
| Transplant date | | Clinical impression | |
| Native kidney disease | | Acute rejection | |
| Creatinine (mg/dl) | | Acute tubular injury | |
| Proteinuria | | Chronic rejection | |
| Donor specific antibodies | | CNI toxicity | |
| Current immunosuppression | | BK polyoma virus infection | |
| Tacrolimus Level | | Recurrent glomerulonephritis | |
| | | Others | |

Date and time sample received in the Lab_____