

Patient Name (Last) (First)		DOB
Referring Institution MRN	Sex M F ( )	Patient's Phone Number
Patient Address City State Zip Code		
Referring Institution/Nephrology Practice		
Ordering Physician Name: _____ Date: _____ NPI#: _____ Phone: _____		
<b>Signature - REQUIRED:</b> _____		

<b>BILL TO:</b>	
<input type="checkbox"/> Patient	<input type="checkbox"/> PPO <input type="checkbox"/> HMO* <input type="checkbox"/> Client <input type="checkbox"/> Medicare
	<input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient
HMO Insurance Authorization # _____	
*Referring facility is responsible for obtaining HMO authorization. If claim is denied due for lack of authorization, the referring facility will be billed for services	
<b>Insurance Info: Attach a copy of front &amp; back of Insurance card or face sheet.</b>	
Technical (lab) and professional (M.D.) charges are billed separately.	
<b>For Lab Use Only</b>	
<b>REQUIRED INFORMATION</b>	<b>ICD Code(s) -</b>
Nephrologist (if not Ordering Physician) Name: _____ Phone: _____	

<b>COPIES TO:</b>	Name, Fax, Address
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**Patient History:**

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**Family History:**

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Renal Disease	Known Duration: _____	Hypertension	Diabetes	<input type="checkbox"/> Native Kidney	Height	Weight
<input type="checkbox"/> ARF <input type="checkbox"/> CKD		<input type="checkbox"/> Yes <input type="checkbox"/> No BP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transplant Kidney		

Specimen Information:			Relevant Drugs:		
Formalin (Light):	# of Cores	Core Length (cm)	Antibiotics:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Name: _____
Zeus (IF):	# of Cores	Core Length (cm)	Heavy Metals or Herbal Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Name: _____
Glutaraldehyde (EM):	# of Cores	Core Length (cm)	Non-steroidal Anti-inflammatory Drugs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Name: _____
Collection Date:		Time:	Other Drugs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Name: _____

**Laboratory Data: Provide below or attach applicable laboratory results.**

BUN	Cholesterol	RF	Hepatitis C
Creatinine	Glucose	C3 C4	Hepatitis B
Creatinine Clearance	ASO	Cryoglobulins	HIV
Uric Acid	C-ANCA/PR3	Anti-ds-DNA	UIEP
Total Protein	P-ANCA/MPO	ANA	SIEP
Albumin	Anti-GBM	Anti-Sm AB	Serum free light chain K/λ

**Differential Diagnosis:** \_\_\_\_\_

**Urinary Findings:** Sediment Morphology: \_\_\_\_\_

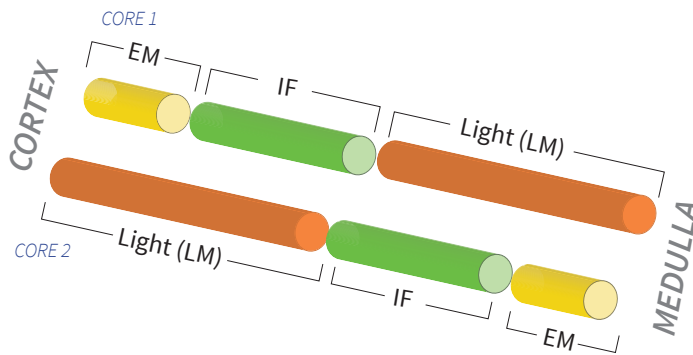
Protein (G/24 hours): \_\_\_\_\_ Urine Protein/Creatinine Ratio: \_\_\_\_\_

**Radiology:** Ultrasound: Kidney Size: L = \_\_\_\_\_ (cm) R = \_\_\_\_\_ (cm) IVP/Arteriogram: \_\_\_\_\_



## Renal Biopsy Collection Instructions

- 1) Collect a minimum of 2 cores using a 15 or 16 gauge Tru-cut needle.
- 2) Using a Lighted Magnifier (3.5x) identify the cortex and medulla ends.
  - The cortex is reddish tan & dotted with red glomeruli.
  - The medulla tends to be paler & lacks the red spots indicating the presence of glomeruli.
- 3) Slice 1 cube (3mm in length) from opposite ends of each core for electron microscopy. Place in Glutaraldehyde (YELLOW CONTAINER). **Keep in the dark at 4 °C until ready to mail.**
- 4) The remaining cores should be divided and  $\frac{2}{3}$  of each core should each placed Formalin (ORANGE CONTAINER) and the remaining  $\frac{1}{3}$  in Zeus (GREEN CONTAINER).



### Glutaraldehyde.

- 1 cube from opposite ends (3 mm in length).
- # of glomeruli needed\*: 12+
- Refrigerate prior to shipping.



### Formalin.

- Insert  $\frac{2}{3}$  of each remaining core.
- # of glomeruli needed\*: 3



### Zeus.

- Insert  $\frac{1}{3}$  of each remaining core.
- # of glomeruli needed\*: 3
- Specimen stable for 5 days maximum.

- 5) Label vials with patient and physician names and biopsy time & date. Complete requisition.

*\*The number of glomeruli that can be seen with the naked eye is often different than what our pathologist sees at the microscope. However, the given adequacy numbers can be used as a guideline for collection.*

## Transportation Instructions

- Place tightly covered vials into the foam insert.
- Place the foam in the bio-hazard bag with the absorbent pad (included).
- Place bagged foam inside box with requisition.
- Place box inside a FedEx Clinical Pack and attach shipping label. Mail to:

**Stanford Surgical Pathology**  
300 Pasteur Drive-Room H2110 • Stanford, CA 94305

**Collection Questions? Call (650) 725-5196**  
**Monday-Friday, 7 AM to 6 PM**

*Glutaraldehyde and Formalin are hazardous chemicals and should be handled with gloves; avoid contact with eyes and mucous membranes. If reagents come in contact with sensitive areas, wash with copious amounts of water.*