

Payor

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- Patient
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- PPO
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- Medi-Cal
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- Medicare
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- Client
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- Other

DIAGNOSTIC TESTS • RENAL PATHOLOGY

HMO Insurance Authorization # _____

Patient/health plan will receive 2 bills; technical (lab) and professional (M.D.) charges are billed separately.
Insurance Info: Attach a copy of front & back of Insurance card or face sheet.
For Lab Use Only

Requisition # _____

Patient Name (Last) (First)		DOB
Social Security No. (Use last 6 digits only)	Sex M F ()	Patient's Phone Number
Patient Address	City	State Zip Code
Institution / Nephrology Practice Name & Address		
Phone No.	Fax No.	
Ordering Physician - Print Name	NPI #	
Signature		Date

 Copies to:
 (Name & Address, Fax & Phone)

Patient History:
Family History:

Renal Disease	Known Duration: _____	Hypertension	Diabetes	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		

Specimen Information:

#	Tissue Measurement (cm)	Formalin (Light)	Zeus (IF)	Glutaraldehyde (EM)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____				

Relevant Drugs:

 Antibiotics: Yes No Drug Name: _____
 Heavy Metals or Herbal Medications: Yes No Drug Name: _____
 Non-steroidal Anti-inflammatory Drugs: Yes No Drug Name: _____
 Miscellaneous Drugs: Yes 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	Anti-ds-DNA	UIEP
Total Protein	P-ANCA	ANA	SIEP
Albumin	Anti-GBM	Anti-Sm AB	Other

Differential Diagnosis: _____

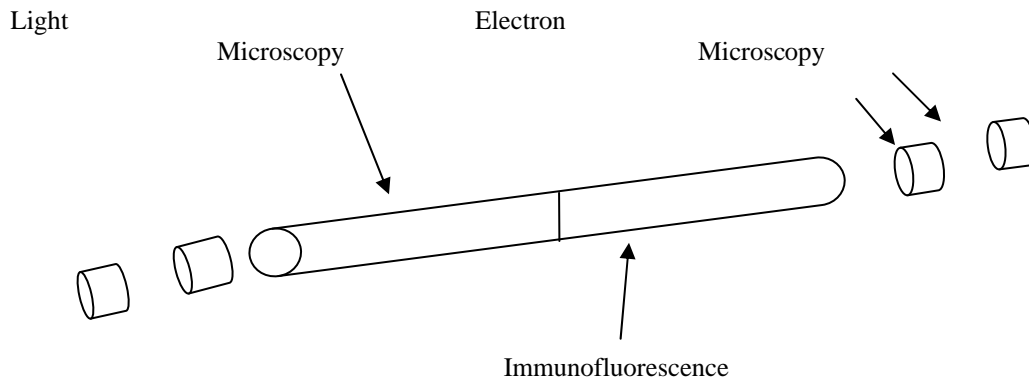
Urinary Findings: Sediment Morphology: _____

Protein (G/24 hours): _____ Urine Protein/Creatinine Ratio: _____

Radiology: Ultrasound: Kidney Size: L = _____ (cm) R = _____ (cm) IVP/Arteriogram: _____

INSTRUCTIONS FOR SUBMITTING RENAL BIOPSY SPECIMENS FOR IMMUNOFLUORESCENCE, ELECTRON MICROSCOPY AND LIGHT MICROSCOPY

GENERAL: Our method of cutting a Tru-cut needle biopsy is diagrammed below. The optimal biopsy tissue included at least 2 cores. We first examine the core with a Lighted Magnifier (3.5X) to identify the cortex & medulla ends. The cortex is reddish tan & dotted with red glomeruli. The medulla end tends to be paler & lacks the red spots indicating the presence of glomeruli. We cut two or three cubes off each end of the needle biopsy core (preferably at least 2mm in length) for electron microscopy. The remaining core is then cut crosswise; one piece for light microscopy & the other piece for immunofluorescence. A pathologist or technician should be present at the biopsy procedure so these steps can be performed immediately. The tissue for individual studies should then be handled as follows:



IMMUNOFLUORESCENCE (IF):

1. Place portion of biopsy for IF studies into vial of **Zeus**.
2. Label vial with patient's name, physician's name, & time & date of biopsy.
3. Important: Deliver specimen to Stanford within five days (five days is the maximum holding time for Zeus).
4. Zeus can be ordered from:
Zeus Scientific, Inc., Foot of Thompson Street, Raritan, New Jersey 08869 (Catalogue No. 0102), or
Wampole Labs, Half Acre Road, P.O. Box 1, Cranberry, N.J. 08512

ELECTRON MICROSCOPY (EM):

1. Cut portion of biopsy for ultrastructural examination into 1.0mm cubes & place immediately into **Glutaraldehyde**. (Note: No more than ten 1.0mm cubes per each 15ml of fixative.)
2. Keep the specimen in the dark at 4°C until ready to mail.
3. For transport, place vial of tissue into a secondary container (sealed zip-lock plastic bag is acceptable) with biohazard label & enough absorbent material to capture all liquid in event of spill, then place entire package into a box.

LIGHT MICROSCOPY (LM):

1. Preferred biopsy fixative for LM is 10% buffered **Formalin**. Place portion of biopsy for LM into **Formalin**.
2. For transport, place tightly covered vial of tissue into a secondary container (sealed zip-lock plastic bag is acceptable) with biohazard label & enough absorbent material to capture all liquid in event of spill. Place entire package in box with EM sample to be mailed/shipped.

SHIPPING AND MISCELLANEOUS:

1. Send the biopsy material to: **Stanford Hospital and Clinics, Electron Microscopy Lab, Rm. H2112, 300 Pasteur Drive, Stanford, CA 94305**
2. The solutions listed above and kits can be supplied by the EM Lab at Stanford Hospital & Clinics. Call 650-725 5196, M-F, 8:00 AM to 5:00 PM.
3. Glutaraldehyde & 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.
4. **If submitting multiple patients, place each patient's samples in their own individual bag accompanied by the test requisition in the outside pouch.**