



# UNC NEPHROPATHOLOGY SERVICE

## RENAL BIOPSY SPECIMEN REFERRAL FORM

—For Native Kidneys Only—

### INSTRUCTIONS

1. Obtain tissue and partition for LM, IM and EM.  
To avoid contamination, always put the same cap back on the vial.
2. Place tissue for light microscopy (LM) in Buffered Formalin
3. Place tissue for immunofluorescence microscopy (IM) in Transport Medium.
4. Break glutaraldehyde ampoule; empty into vial labeled Glutaraldehyde.  
Place tissue for EM in buffered glutaraldehyde.
5. Fill in parts 1, 2 and 3 of this referral form.

UNC Nephropathology Lab does not bill patients or insurance.  
Bill for services will be directed to the referring institution below.  
Cost of shipping the specimen is the responsibility of the sender.

6. Please notify UNC Nephropathology prior to sending a biopsy.
7. Send this referral form with tissue to:

**UNC Nephropathology Laboratory**  
**409 Brinkhous-Bullitt Bldg.**  
**Department of Pathology CB#7525**  
**UNC School of Medicine**  
**Chapel Hill, NC 27599-7525**

Tel: (919) 966-2421  
 FAX: (919) 966-4542

<p><b>PART 1: SEND BILL AND REPORT TO:</b>          Enter name and address of the referring institution to receive the report, bill, slides and micrographs.</p> <p><b>SPECIMEN # OF REFERRING INSTITUTION:</b>  <b>Pathologist:</b>  <b>Hospital:</b>  <b>Address:</b>  <b>Phone:</b>  <b>FAX:</b></p>	<p><b>PART 2: SEND REPORT TO:</b>          Enter the name and address of the nephrologist who will be sent a copy of the report.</p> <p><b>Nephrologist:</b>  <b>Address:</b>  <b>Phone:</b>  <b>FAX:</b></p>
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**PART 3: PATIENT INFORMATION**

**DATE OF BIOPSY:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
 (Last name) (First name) (Middle name or initial)

**Race:** \_\_\_\_\_ **Sex:** male / female **Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Is this a transplant?** Yes No (If yes, please use transplant referral form)

**History and Clinical Diagnosis**

Diabetes Mellitus (Y/N) Obesity (Y/N) Malignancies (Y/N) Hypertension (Y/N) SLE (Y/N) Infection (Y/N)

**Symptoms and Signs**  
 Blood Pressure: \_\_\_\_\_ Edema \_\_\_ Arthritis/Arthralgias \_\_\_ Skin Lesions \_\_\_ Other: \_\_\_\_\_

**Laboratory Data**

**Urine**  
 Sediment:  
 Hematuria? \_\_\_\_\_ Proteinuria? \_\_\_\_\_ gm/24 hr Proteinuria  
 Other: \_\_\_\_\_

**Serum**  
 Creatinine: \_\_\_\_\_ BUN: \_\_\_\_\_ Creatinine Clearance: \_\_\_\_\_  
 Albumin: \_\_\_\_\_ Glucose: \_\_\_\_\_ HbA1c: \_\_\_\_\_  
 Complement: \_\_\_\_\_ Cholesterol: \_\_\_\_\_ ASO: \_\_\_\_\_  
 ANA: \_\_\_\_\_ Anti-DNA: \_\_\_\_\_ ANCA: \_\_\_\_\_  
 HepB INF: \_\_\_\_\_ HepC INF: \_\_\_\_\_ Other: \_\_\_\_\_

**Therapy:** \_\_\_\_\_