

TEST REQUISITION FORM



Kindly send this form filled along with sample to:

Dr. Pooja Maheshwari
Renal Path Labs

A-418, Fourth Floor, Unitech Arcadia, South City II,
Sector-49, Gurugram, Haryana-122018
Contact no: +91 7428506688

Specimen sent in:



PATIENT DETAILS

Name.....

Age.....

Gender.....

Contact No.....

E-mail.....

Referring Doctor.....

Hospital.....

Date & Time of Biopsy.....

Brief History.....

.....
.....
.....
.....
.....

CODE 1 Kidney Biopsy Native

CODE 2 Kidney Biopsy Transplant

CODE 3 Transmission Electron Microscopy

Renal Biopsy: Light Microscopy (LM) / Immunofluorescence (DIF) / Electron Microscopy (EM)
(10% Formalin) (Cold NS/Michel Media) (3% Glutaraldehyde)

HISTORY

Please mark the option Yes(✓) / No(x)

	YES/NO
Diabetes Mellitus	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>
SLE	<input type="checkbox"/>
Skin Lesion	<input type="checkbox"/>
Obesity	<input type="checkbox"/>
Malignancies	<input type="checkbox"/>

	YES/NO
Fever	<input type="checkbox"/>
Headache	<input type="checkbox"/>
Blurring of Vision	<input type="checkbox"/>
Edema	<input type="checkbox"/>
Arthritis/Arthralgias	<input type="checkbox"/>
Drug Intake	<input type="checkbox"/>

Others(if any specify).....

TRANSPLANT BIOPSY DETAILS

Date of Transplant.....

Duration Post Transplant.....

HLA Cross Match.....

ABO(Compatible/In-Compatible).....

Therapeutics(TAC/MMF/Steroids).....

TAC Levels.....

LABORATORY DATA

Urine Findings:

Albumin

RBC's

Crystals

24h Protein

Sugar

WBC's

Casts

Spot UPCR

Blood/Serum Markers:

Urea

Creatinine

Total Protein

Albumin

Globulin

Cholestrol

Glucose

HbA1c

ANA

Anti dsDNA

pANCA

cANCA

Anti GBM

ASO

SPEP

FLC

C3

C4

Viral Marker

Others

Radiology:

Left kidney size

Right Kidney size

CMD

Echogenicity

Other relevent findings.....

Infections

CMV

BK Virus

Others (if any).....

Previous Renal Biopsy ?

YES/NO

If Yes, Details.....

Other relevent findings.....

DATE:

SIGNATURE