HennepinHealthcare
Laboratory Services

Pathology Department - PL
701 Park Avenue
Minneapolis, MN 55415-1829
Phone: 612-873-3079
Fax: 612-904-4629

Renal Biopsy Interpretation Request

HCMC Accession# ____________________

Date/Time Received: ____________________

PATIENT INFORMATION

Last Name | First Name | MI

Date of Birth | Male | Female | Phone | Marital Status

Address | City | State | Zip Code

Employer | Employer Address

BILLING AND INSURANCE INFORMATION

Split bill- send insurance demographics (tech fee to client, profee to insurance)

Client bill (all fees to client)

Patient Insurance bill- send insurance demographics (tech and profee to insurance)- freestanding locations

SUBMITTING INSTITUTION

Hospital/Clinic/Group Name

Address | City | State | Zip Code

Phone | Fax | Email

PHYSICIAN INFORMATION

Requesting MD | Nephrologist (if not requesting MD)

Call Results to: Name: | Phone: | **Fax Results to:** Name | Fax:

Send Additional Copy to:

SPECIMEN INFORMATION

Collection Date: | Collection Time: | Accession #:

TEST REQUESTED

Light Microscopy (Red Vial- Formalin) ____________________ mm

Immunofluorescence Microscopy (Yellow Vial- IMF Media) ____________________ mm

Electron Microscopy (Green Vial- EM Fixative) ____________________ mm

CLINICAL INFORMATION

Patient Location:
- Inpatient
- Outpatient

Biopsy Site:
- Native Right Kidney
- Native Left Kidney | Date of Transplant
- Transplant (Allograft) Biopsy | Original Disease

Indication for Biopsy: Acute Renal Failure | Proteinuria | Hematuria | Diabetes | Hypertension | Systemic Lupus | Transplant rejection | Family History of Renal Disease | Other:

Urinalysis/Urine Tests: Hematuria __________ Proteinuria __________ Pr/Cr __________ 24hr Protein __________

Pyuria __________ RBC Casts __________ Creatinine Clearance __________

Serum Tests: Creatinine ________ Albumin ________ Cholesterol ________ ANA ________ ANCA ________ Anti-ds DNA ________ Anti-GBM ________

HIV __________ ASO __________ SPEP/UPEP ________ Hepatitis B/C __________ C3/C4 __________

Other:

Other Pertinent Clinical Information:

Renal Biopsy Kit Instructions

We provide complete shipping kits that contain requisition forms and color-coded vials of the fixative solutions you will need for a complete diagnosis. These make it possible to have the correct supplies on hand at all times for renal biopsies. Complete a renal biopsy requisition form for each patient.

Please refrigerate the kits upon arrival. The Renal biopsy kit has an expiration independent of the contents. However, if any of the solutions are a faint yellow or if crystallization occurs, please call us for replacement. You may discard the kit contents.

The vials have color-coded caps and labels and are listed in the order of importance. If possible, for each requested study, place a specimen into each of the following solutions:

1. **Red cap** - larger core biopsies for light microscopy - 10% Nautral Buffered Formalin
2. **Yellow cap**- Immunofluorescence microscopy - Immunofluorescence Media
3. **Green cap** - Electron microscopy - EM Fixative

Instructions for renal biopsy specimens:

- When a biopsy is scheduled at your institution, please call the number below to alert our laboratory of the pending specimen. The information we need is:
    1. Institution's name
    2. Patient's name
    3. Physician's name (specifically the nephrologist's name)
    4. Specimen Location
    5. Date/time that the renal biopsy was or will be performed
    6. Other relevant information, such as rapid process request.
- We will order a courier to pick up specimens collected within the Twin Cities metro area.
- If shipping from outside of the metro area, please ship via UPS Overnight Service using provided shipping supplies. Please also provide a tracking number when calling.
- Label each specimen container with patient identification.
  DO NOT PLACE LABELS ON THE TRANSPORT KIT.
- *Complete provided requisition form with patient demographics, clinical information, requested tests, and specimen information.* ***Please make sure you enter the date of collection!***
- For billing, please indicate your choice: bill to Hospital/Clinic OR Patient's Insurance*
    - *A copy of the patient's insurance information must accompany each specimen, regardless of billing preference.*

    * *Professional Fees will be billed to patient's insurace with Technical Fees billed to the requesting organization.*

Laboratory Hours:
Monday through Friday
6:00 am to 4:00 pm CST
Questions? Please contact us at **612-873-3079**

We look forward to partnering with you on the care of your patient.

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