U I D L
UI Diagnostic Laboratories
Client Services Toll-free: (866) 844-2522
Local: (319) 384-7212

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RENAL CLINICAL HISTORY

Please FAX Clinical History form and Renal Pathology Requisition to Client Services at (319) 384-7213.

PLEASE PRINT CLEARLY

Referring Nephrologist: _____ Phone: (_____)_____ - _____

Hospital/Clinical Practice: _____

Patient's Name (last, first): _____ DOB: ___/___/___

Sex: ☐ M ☐ F Race: ☐ W ☐ B ☐ H ☐ Asian ☐ Other Height: ____ Weight: ____ BMI _____

Biopsy Type: ☐ Native ☐ Transplant ☐ LRTx ☐ LURT ☐ ECD ☐ Peds Donor

Clinical History/Reason for Renal Biopsy:

Check if Applicable: ☐ Acute kidney Injury ☐ Chronic Kidney Disease ☐ Unknown if AKI/CKD ☐ Acute Nephritic
☐ Nephritic/Nephrotic ☐ Nephrotic Syndrome ☐ Nephrotic Range Proteinuria ☐ Isolated Hematuria ☐ Features of MAHA

Additional Clinical Information:

Duration Renal Disease: ____ d./ wk./ mo./ yrs (# /Circle one) Autoimmune Disease: _____

Family History (including AI disease): _____

Diabetes: ☐ Yes ☐ No Duration: ___ years History of U.T.I's: ☐ Yes ☐ No History of Kidney Stones: ☐ Yes ☐ No

Hypertension: ☐ Yes ☐ No Duration: ___ years Malignancy: ☐ Yes (Type): _____ ☐ No

Nephrotoxic Meds/Other Meds: _____

_____ Drug Abuse: ☐ Yes ☐ No

PE: BP: _____ Edema: ☐ Yes ☐ No Other: _____

LAB: BUN: ____ mg/dL S. Creat.: ____ mg/dL Creat. Clearance: ____ cc/min

Total Prot.: _____ g/dL Albumin: _____ g/dL Cholesterol: _____ mg/dL

Urinalysis Protein: trace 1 2 3 4 + Glycosuria ☐ Yes ☐ No Ketonuria ☐ Yes ☐ No

Proteinuria (UPCR or in 24 h): ☐ No ☐ Yes (_____) Hematuria: _____

U/A: RBC (>5/HPF): ☐ Yes ☐ No RBC casts: ☐ Yes ☐ No WBC (>5/HPF): ☐ Yes ☐ No WBC casts: ☐ Yes ☐ No

ANA: _____ ds-DNA Ab: _____ RF: _____ Anti-Cardiolipin: _____ Anti-Scl: _____ PLA2R Ab: _____

Anti-Sm: _____ Cryo: _____ ASLO: _____ ANCA: _____ MPO: _____ PR3: _____ Anti-GBM Ab: _____

LDH: _____ Haptoglobin: _____ ADAMTS-13: _____ Myoglobin: _____ C3: ↓ ↑ N/D (Circle one) C4: ↓ ↑ N/D (Circle one)

Infection: Hep. B: _____ Hep.C: _____ HIV: _____ EBV: _____ CMV: _____ Polyomavirus: _____

SPEP/SIFE: _____ UPEP/UIFE: _____

Free Kappa: _____ Free Lambda: _____ K/L ratio: _____

Other serologies: _____

Hct: _____ % WBC: _____ K Platelets: _____ K PBS (E.g. Schistocytes): _____

Bone marrow biopsy: _____

Kidney Size: _____ (? USG; ? CT; ? IVP; ? Other)

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