



The accurate interpretation and reporting of biopsy results is contingent upon the reason for testing, ancestry, clinical information, and family history. To help provide the best possible service, **supply the information requested below either on this form or copies of their health record that include this information.** Send paperwork with the specimen or return by fax to Mayo Clinic Laboratories. Fax: 507-284-1759. Phone: 800-533-1710 / International clients: 855-379-3115 or +1-507-284-9273, or email mliintl@mayo.edu

Patient Information

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Healthcare Professional Information

Referring Nephrologist Name (Last, First)	Phone	Fax*
Referring Pathologist Name (Last, First)	Phone	Fax*
MCL Account Number (required)		

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing

Ancestry

<input type="checkbox"/> European <input type="checkbox"/> African/African American <input type="checkbox"/> Latinx/Latine <input type="checkbox"/> Asian <input type="checkbox"/> Other, specify: _____
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Clinical Information

<input type="checkbox"/> Native biopsy	<input type="checkbox"/> Allograft biopsy: Transplant date (mm-dd-yyyy): _____ Original disease: _____		
<input type="checkbox"/> Time Zero/Zero-hour			
Indications			
<input type="checkbox"/> Hematuria	<input type="checkbox"/> Acute kidney failure	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Systemic lupus
<input type="checkbox"/> Proteinuria	<input type="checkbox"/> Family history	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other, specify: _____

Laboratory Data

 Provide most recent results.

Creatinine (mg/dL): _____	Serum albumin: _____	Urine sediment: _____
	ANA: _____	Dysmorphic RBC's: _____
	Anti-dsDNA: _____	RBC casts: _____
24-hour urine protein: _____	ANCA: _____	WBC's: _____
	Anti-GBM: _____	Bacteria: _____
	Hepatitis B: _____	
	Hepatitis C: _____	
	C3: _____	
	C4: _____	

Other Pertinent Clinical and Laboratory Information
