



The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information, ethnic background, and family history. To help provide the best possible service, supply the information requested below and **send this paperwork with the specimen.**

Test: RPCWT / Renal Pathology Consultation, Wet Tissue (Check all that are being requested.)

Light Microscopy (Formalin-fixative)

Immunofluorescence (Zeus preservative)

Electron Microscopy (Glutaraldehyde/Trumps fixative)

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Nephrologist Name <i>(Last, First)</i>	Phone	Fax*
Referring Pathologist Name <i>(Last, First)</i>	Phone	Fax*
MCL Account Number (required)		

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

Ethnicity

European/Caucasian African American Hispanic Asian Other, specify: _____

Clinical Information

Native biopsy or Allograft biopsy: Transplant date *(mm-dd-yyyy)*: _____ Original disease: _____

Indications

Hematuria Acute renal failure Hypertension Systemic lupus

Proteinuria Family history Diabetes Other (specify): _____

Laboratory Data Provide most recent results.

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

Other Pertinent Clinical and Laboratory Information