

MEDICAL AND TRANSPLANT KIDNEY
BIOPSY REQUISITION

<<FORM_ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name First MI
Address Birth Date Sex M F
City SS #
State Zip Home Phone
Hospital/Physician Office Patient ID # Accession #

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

BILL TO: Client/Institution Medicare Insurance (Complete insurance information below) Patient
PATIENT STATUS: Inpatient Outpatient Non-Hospital Patient Hospital discharge date:
WORKERS COMP: Yes No DOI:
PRIMARY: Medicare Medicaid (Ohio only) Other Ins. Self Spouse Child
Subscriber Last Name First MI
Beneficiary / Member # Group #
Claims Address City State Zip
SECONDARY: No Yes (if Yes, please attach) ABN: Yes No

DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. 2. 3.

CLINICAL INFORMATION

Clinical Diagnosis/History:
Nephrotoxic Medications:
Duration of Kidney Disease:
Hypertension Yes No Duration:
Diabetes Yes No Duration:
Creatinine mg/dl BUN mg/dl Serum Albumin g/dl
Proteinuria: g/24 h -OR- dipstick proteinuria (circle one) 0 1+ 2+ 3+ 4+
Urine Sediment RBC/hpf WBC/hpf RBC Casts? + -
Serologies (please circle):
ANA + - Hepatitis B SAg + -
Anti-ds-DNA + - Hepatitis C + -
C3 Low Normal HIV + -
C4 Low Normal ASO + -
CH50 Low Normal RF + -
C-ANCA + - Cryoglobulins + -
P-ANCA + - Monoclonal Protein Yes No
Anti-GBM + - If yes, type

CLIENT INFORMATION

REFERRING PHYSICIAN CONTACT

Physician Name
Physician Signature
Physician NPI#
Call Results to phone number: ()
Fax report to: ()
Physician Email

SPECIMEN INFORMATION

Please indicate number of tubes, vials, slides, tissue blocks provided
Collection Date: / / Time:
Native Kidney Left Right
Transplant Kidney
Specimen Type(s): (Check all that apply)
Fresh Tissue (Saline Moistened Gauze)
Formalin Fixed (Light Microscopy) Vial
Glutaraldehyde (Electron Microscopy) Vial
Michels Solution (Immunofluorescence) Vial
Paraffin Block
Slides
Other