

Lab No:



Dr Lal Path Labs Ltd.

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Renal Biopsy Referral Form

For Renal allograft/Transplant Biopsies only

Please send to:

Department of Histopathology
National Reference Laboratory
Dr. Lal PathLabs Ltd, Block E,
Sector 18, Rohini, Delhi 110085

Telephone: +91-11-30244139 Ext. 345, 159
Fax: +91-11-27882134,
website: www.lalpathlabs.com
Email: histopath.lpl@lalpathlabs.com

<u>Referring Physician/Doctor</u>		
Name:		
Institute/Laboratory:	City:	State:
Phone no (preferably mobile no):		
Email address:		

Cores submitted for (Please Tick): Light Microscopy Immunofluorescence Electron Microscopy

Patient Information

Date of Biopsy:		Time of Biopsy:	
Name:	Age:.....	Sex:	
Brief History and Clinical Diagnosis:			

Date of Transplant:....., Nature of Transplant (Please tick) : Live related/ Unrelated/ Cadaveric

Age of Donor:..... Sex of Donor:....., Pre Transplant Morbidity/Marginal Donor: Y/N

Previous Transplant biopsies: Y/N: If yes, please provide details:.....

Native renal disease:....., Biopsy proven?: Y/N

Report of native biopsy attached (if available) : Y/N

Pre transplant PRA:.....

Donor Specific antibodies (DSA) present: Y/N If yes: Subclass & levels/titers...:.....

Ischemia Time: Warm:...../min, Cold:...../min

Indication of Current biopsy (Please tick) : Diagnostic Protocol Baseline

Current Immunosuppression Regimen:.....

Current serum Drug levels:.....

Specific anti-rejection therapy within one week of biopsy: Y/N

Patient Drug compliance: Good/Fair/Poor

Blood Pressure:..... Urine Protein:....., Sugar:....., RBC:.....,

WBC:.....

24 hour urine protein:.....

Laboratory Data:

Urine:

Albumin:....., Sugar:, RBC's:....., WBC's:....., Casts:....., Crystals:.....

24 hours Urine Protein:....., Urine Protein Creatinine Ratio:....., Decoy cells:.....

Serology:

Creatinine:....., Urea:....., Total Protein:....., Albumin:..... Globulins:.....

Cholesterol:....., Glucose/Sugar:....., Serum BKV:....., CMV:....., EBV:.....

Viral Markers: HBsAg,HCV,HIV:....., Others:.....

Radiology:

Renal allograft Size: Size:..... CMD:....., Echogenicity:..... Doppler RI:.....

Native kidneys.....

Any Other relevant Information:.....

Signature

