



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.**

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 Provider 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

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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): <input type="checkbox"/> Time Zero/Zero-hour	Original disease:
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

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