



ALL CHILDREN'S HOSPITAL
Pathology and Laboratory Medicine
Outpatient Care Center - 4th Floor
601 5th Street South
St. Petersburg, Florida 33701

Anatomic Pathology Requisition

Patient Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_
Date of Surgery: \_\_\_\_\_ Age: \_\_\_\_\_
Pre-Op Diagnosis: \_\_\_\_\_ MRN: \_\_\_\_\_
Post-Op Diagnosis: \_\_\_\_\_
Procedure: \_\_\_\_\_
Surgeon(s): \_\_\_\_\_ Phone No.: \_\_\_\_\_
Hospital/Clinic: \_\_\_\_\_

Renal Biopsy

Specimen: Renal Biopsy Right \_\_\_ Left \_\_\_
Previous Renal Biopsy: No \_\_\_ If yes, when? \_\_\_\_\_

Brief History of Present Illness: Duration of signs/symptoms.

Known Renal Disease: No \_\_\_ Yes \_\_\_\_\_
Systemic Disorder: No \_\_\_ Yes \_\_\_\_\_
Previously Treated: No \_\_\_ Yes \_\_\_\_\_
Nephrotic Syndrome: No \_\_\_ Yes \_\_\_\_\_
Hypertension: No \_\_\_ Yes \_\_\_\_\_
Nephrotoxic Drugs: No \_\_\_ Yes \_\_\_\_\_
Family History of Renal Disease: No \_\_\_ Yes \_\_\_\_\_

Laboratory Data (at time of biopsy)

Hematuria: gross \_\_\_ microscopic \_\_\_ Bun: \_\_\_\_\_ C3: \_\_\_\_\_
Proteinuria: \_\_\_\_\_ (gm/24hrs) Creatinine: \_\_\_\_\_ C4: \_\_\_\_\_
Pro/Cr ratio: \_\_\_\_\_ Hgb: \_\_\_\_\_ ANA: \_\_\_\_\_
Ultrasound: \_\_\_\_\_ Hct: \_\_\_\_\_ Anti-DNA: \_\_\_\_\_
Albumin: \_\_\_\_\_ ANCA: \_\_\_\_\_

Please Send Patient's History With Specimen

Submitted by: \_\_\_\_\_ Phone No.: \_\_\_\_\_
Send Results to (Physician's Name & Fax No.): \_\_\_\_\_
Additional Reports to: \_\_\_\_\_