EXPRESSMED LABORATORIES

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Renal Pathology Requisition

For lab use only

Date Received: .... Initial: ....

Time Received: .... Accession#:

Patient Information

Name: ....

ID/CPR: ....

DOB: (dd/mm/yyyy) .... ☐ Male ☐ Female

Phone: ....

Tests Requested

Please check all testing you are requesting:

☐ **LM, IF, + EM** ☐ **IF & EM** ☐ **EM only**

☐ **C4d** ☐ **BK Virus** ☐ **Consult**

SPECIAL INSTRUCTIONS:

Specimen Information

Has the patient had a RENAL TRANSPLANT ? ☐ **Yes** ☐ **No** **If Yes, when ?** ________________

Specimen Source: ☐ Left Kidney ☐ Right Kidney Collection Date:.........../.........../........... ☐ Outpatient ☐ Inpatient

Specimen(s): ☐ Formalin Vial ☐ Michel's Vial ☐ Glutaraldehyde Vial ☐ Slides ☐ Paraffin block

Nephrologist to call with biopsy results

Ordering Nephrologist Name:...

Mobile:.............................**Tel:**.................................**Fax:**......................................

Group Name:...

Address:.. **City:**................................. **State:**.................................. **Zip:**

Referring Institution or Pathology Group

Institution/Path Group Name:...

Pathologist Name:...

Tel:..**Fax:**...

Address:.. **City:**................................... **State:**................................. **Zip:**

Clinical Hx and Dx being considered

Required

Form completed by: ....

Date: .... Phone: ....