

Requesting Nephrologist: _____ Address: _____ Cell Phone #: _____ Office Phone #: _____ Fax #: _____	<p style="text-align: center;"><b>**Please provide/attach patient demographics**</b></p> Patient's Name: _____ History #: _____ Date of Birth: _____ Clinic/Location: _____	Place label here.												
<u>OTHER DOCTORS TO WHOM REPORT SHOULD BE SENT</u>	COLLECTION DATE: _____ KIDNEY: _____ Sex: _____ Race: _____													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Last Name</th> <th style="width:33%;">First Name</th> <th style="width:33%;">Phone #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Last Name	First Name	Phone #											
Last Name	First Name	Phone #												

**BRIEF PERTINENT MEDICAL HISTORY (Include or fax recent hospital or consult notes):**

---

**PRESENTING SYMPTOMS:**

---

**CLINICAL IMPRESSION:**

---

**TREATMENT/RENAL REPLACEMENT THERAPY:**

---

**TRANSPLANT:**

Cause of ESRD: \_\_\_\_\_  
 Transplant number: \_\_\_\_\_  
 Date of Transplantation: \_\_\_\_\_  
 Donor: \_\_\_\_\_  
 Kidney: \_\_\_\_\_  
 Incompatible: \_\_\_\_\_  
 DSA: \_\_\_\_\_  
 DSA Strength: \_\_\_\_\_  
 DSA Type: \_\_\_\_\_  
 Prior biopsy findings: \_\_\_\_\_

Additional transplant details:

---

**PAST HISTORY: (Occurrence and Duration)**

Proteinuria: _____	NSAIDs: _____
Hematuria: _____	Kidney Pain: _____
U.T. Infection: _____	Edema: _____
Diabetes: _____	Hypertension: _____
Arthritis: _____	Toxemia: _____
Rash: _____	Deafness: _____

**FAMILY HISTORY:**

Diabetes: \_\_\_\_\_  
 Kidney Disease: \_\_\_\_\_  
 Allergic History: \_\_\_\_\_  
 Hypertension: \_\_\_\_\_  
 Deafness: \_\_\_\_\_  
 Other: \_\_\_\_\_

**PHYSICAL: General Condition**

BP: _____	Rash: _____	Edema: _____
Fundi: _____	Splenomegaly: _____	Temp: _____
Arthritis: _____	Effusions: _____	Other Pertinent Findings: _____
Papable kidneys: _____	Hepatomegaly: _____	

**LAB DATA**

**BLOOD:**

Cr: _____ Cystatin C: _____	Globulin: _____
BUN: _____	IgG _____ IgA _____ IgM _____
Baseline Cr: _____	Monoclonal Spike: _____
Hgb: _____ Hct: _____	Coombs' Test: _____
ESR (Sed Rate): _____	C3 _____ C4 _____ C3 nef _____
Platelets: _____	ASO Titer: _____
Na: _____ K: _____ Cl: _____ CO3: _____	HIV _____ HBV _____ HCV _____
Calcium: _____ Glucose: _____	RF _____ Cryoglobulin _____
eGFR: _____	ANA _____ antidsDNA _____
Uric Acid: _____	ANCA (p/mpo) _____ (c/pr3) _____
Cholesterol: _____	Anti-GBM: _____
Triglycerides: _____	Pla2R: _____ THSD7A: _____
Albumin: _____	

**URINE:**

pH: _____	Casts:
Sp Gr: _____	Hyaline: _____
Albumin: _____	Granular: _____
RBCs: _____ Dysmorphic: _____	RBC: _____
WBCs: _____	WBC: _____
Epith Cells: _____	Other: _____
DRFB: _____	
Bence Jones Protein: _____	

**IMAGING**

Kidney size:  
 Left: \_\_\_\_\_  
 Right: \_\_\_\_\_

**CULTURES:** Blood: \_\_\_\_\_ Urine: \_\_\_\_\_ Throat: \_\_\_\_\_ Other: \_\_\_\_\_

**OTHER FINDINGS:**

---