ISOT RENAL TRANSPLANT PATHOLOGY SUB COMMITTEE 2023
Request form for Lung Allograft Biopsy
Compiled by Dr.Milap Shah Dr.Pallav Gupta Dr.N.V.Seethalekshmy

Name: of the Patient **Age**: **Gender** Height Weight

ID No: **IP No:** Address:

Referring Doctor and Hospital:

Date & Time of biopsy sample collection :

Clinical History

1: **Indication for Biopsy**:

2: **Post transplant Day**:

3: **Is this a protocol biopsy**:

4: **Findings of Donor - Recipient Immunological/ Antibody screening work up**
1: CDC- Lymphocyte crossmatch
2: Flowcytometry cross match
3: Donor specific antibody test
4: Single Antigen Bead Assay with High Resolution HLA of Recipient
5: Panel Reactive Antibody Screen Assay

5: **Radiological findings**

6: **Screening Bronchoscopic findings**

7: **Any significant past history**

8: **Any significant microbiological findings**

9: **If prior biopsy done outside then findings of the biopsy**

10:**Type of Sample**
1: Transbronchial Biopsy
2: Transbronchial Cryobiopsy
3: Wedge Biopsy
4: Others

11: **Type of Fixative**

Doctor's Address/seal:

E-mail ID:
Mobile no: