ISOT RENAL TRANSPLANT PATHOLOGY SUB COMMITTEE 2023
Request form for Renal Allograft Biopsy
Compiled by 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 :

History

Pedal Oedema: Yes / No Hematuria : Yes / No Urine Output : Normal /Decreased

HTN: Yes / No Duration : DM: Yes / No Duration :

Date of Renal transplantation Recipient Blood group ____

Donor Age/Gender Donor relationship : Donor Blood group_____

HLA match: Native Kidney disease:

Duration of graft dysfunction: Nadir S Creatinine:

Medications : Pred/MMF /Tacrolimus/Sirolimus/ IL_2RB/ CSA/AZA / Others_____

Induction with _____ Drug(_____) level :

Details of **Previous adverse events** – Surgical / rejection/ drug toxicity/ Infection /recurrent disease /

NODAT//Non compliance / Others _____

Previous biopsies: Yes/ No

PHYSICAL EXAMINATION

Oedema : Yes / No Pallor: Yes / No BP: mmHg (on drugs- Yes/No)

Any other significant findings*:*

INVESTIGATIONS

Hb: gm% TLC: /mm^3 · DLC: N L Eo Mo Platelet count: lakhs/mm^3

Peripheral smear:

Blood Urea: mg% S. Creatinine: mg% Blood Sugar: mg%

Total Protein/ S. Albumin/ S. Globulin : ___ / ___ / ___ gm/dl S. C3: mg%

S. LDH: e GFR : Viral Markers:

Urine albumin .Microscopy: _____ WBCs/HPF ._____ RBCs/HPF ,Casts/crystals _____

24 hour urine protein: mg/gm UPCR:

Ultrasonogram

Transplant Kidney Size :____ x_____ cm ,Echogenicity: Normal / Increased, , CMD Normal/Lost , PCS-

Renal Dopler: RI

Clinical diagnosis

Investigations Required (**Please tick**): Light microscopy / Immunofluorescence (IF) /Electron microscopy

- C4d / / SV40 T / CMV / Adeno virus / Others_____
- Routine processing / Urgent (Rush) processing
- Sample provided in Formalin/ Transport medium// Glutaraldehyde

Doctor's Address/seal:

E-mail ID:

Mobile no: