



Pathology Department - PL Phone: 612-873-3079  
701 Park Avenue Fax: 612-904-4629  
Minneapolis, MN 55415-1829

HCMA Accession# \_\_\_\_\_

Date/Time Received: \_\_\_\_\_

**PATIENT INFORMATION**

Last Name		First Name		MI
Date of Birth	Male	Female	Phone	Marital Status
Address		City	State	Zip Code
Employer		Employer Address		

<b>BILLING AND INSURANCE INFORMATION</b>	<b>Split bill- send insurance demographics</b> (tech fee to client, profee to insurance)	<b>Client bill</b> (all fees to client)	<b>Patient Insurance bill- send insurance demographics</b> (tech and profee to insurance)- freestanding locations
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**SUBMITTING INSTITUTION**

Hospital/Clinic/Group Name				
Address		City	State	Zip Code
Phone	Fax	Email		

**PHYSICIAN INFORMATION**

Requesting MD	Nephrologist (if not requesting MD)		
<b>Call Results to:</b> Name:	Phone:	<b>Fax Results to:</b> Name	Fax:
Send Additional Copy to:			

**SPECIMEN INFORMATION**

<b>Collection Date:</b>	<b>Collection Time:</b>	<b>Accession #:</b>
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**TEST REQUESTED**

Light Microscopy (Red Vial- Formalin)	Number of cores: _____	_____mm
Immunofluorescence Microscopy (Yellow Vial- Zeus)	Number of cores: _____	_____mm
Electron Microscopy (Green Vial- Glutaraldehyde)	Number of cores: _____	_____mm
Consult, slides only	Number of slides: _____	

**CLINICAL INFORMATION**

<b>Patient Location:</b>	<b>Biopsy Site:</b>	Native Right Kidney	Date of Transplant
Inpatient		Native Left Kidney	Original Disease
Outpatient		Transplant (Allograft) Biopsy	

<b>Indication for Biopsy:</b>	Acute Renal Failure	Proteinuria	Hematuria	Diabetes	Hypertension	Systemic Lupus
	Transplant rejection	Family History of Renal Disease	Other:			

<b>Urinalysis/Urine Tests:</b>	Hematuria _____	Proteinuria _____	Pr/Cr _____	24hr Protein _____
	Pyuria _____	RBC Casts _____	Creatinine Clearance _____	

<b>Serum Tests:</b>	Creatinine _____	Albumin _____	Cholesterol _____	ANA _____	ANCA _____	Anti-ds DNA _____	Anti-GBM _____
	HIV _____	ASO _____	SPEP/UPEP _____	Hepatitis B/C _____	C3/C4 _____		
	Other:						

**Other Pertinent Clinical Information:**

# Renal Biopsy Kit Instructions

We provide complete shipping kits that contain requisition forms and color-coded vials of the fixative solutions you will need for a complete diagnosis. These make it possible to have the correct supplies on hand at all times for renal biopsies. Complete a renal biopsy requisition form for each patient.

**Please refrigerate** the kits upon arrival. Each vial has an expiration date. The **EM Fixative** has the shortest refrigerated shelf life. *If this solution remains colorless, even though the expiration date has been reached, you may still use it.* If it is a faint yellow, it is degrading. Call us for replacement vials of this fixative for your kits, you may discard the degraded fixative vial and replace with a new bottle. The Immunofluorescence (**IMF**) Media has an approximate one year shelf life. Keep the vial tightly capped. If crystallization occurs, call us for replacement. The 10% Neutral Buffered Formalin (**NBF**) has the longest shelf life.

The vials have color-coded caps and labels and are listed in the order of importance. If possible, for each requested study, place a specimen into each of the following solutions:

1. **Red cap** - larger core biopsies for light microscopy - 10% NBF
2. **Yellow cap** - Immunofluorescence microscopy - IMF Media
3. **Green cap** - electron microscopy - EM Fixative

## Labeling Instructions:

- Label each specimen container with patient identification. **DO NOT PLACE LABELS ON THE TRANSPORT KIT.**
- Complete our requisition form with patient demographics, clinical information, requested tests, and specimen information. **Please make sure you enter the date of service!**
- For billing, please indicate your choice: bill your institution OR the patient.
- A copy of the patient's insurance information as well as the patient demographics must accompany each specimen, regardless of billing preference.

## Transportation Instructions:

- **Regularly scheduled routed courier** - bring the completed kit to your central send out laboratory pickup location for Hennepin Healthcare specimens as soon as possible. Please call our laboratory at 612-873-3079 to notify our laboratory of incoming biopsies
- **On demand courier** (locations within Twin Cities metro without a routed courier) - call our laboratory at 612-873-3079 to notify our laboratory of incoming biopsies and to request a courier.
- **UPS** (locations outside of the Twin Cities metro area) - call our laboratory at 612-873-3079 to notify our laboratory of incoming biopsies and to request a UPS shipping label.
- **Other Method**- If you prefer to send the specimen via your own courier or FedEx account, please call our laboratory at 612-873-3079 to supply the case information and tracking number/courier name.

## Lab Hours:

Monday through Friday 6:00 am to 4:30 pm CST

Saturday 6:00 am to 12:00 pm CST

**Please direct questions and requests for additional kits to 612-873-3079**

**We appreciate your business.**