INSTRUCTIONS

**Wake Forest University Baptist Medical Center**

Medical Center Boulevard
Winston-Salem, NC 27157
(336) 716-2628 (Anatomic Pathology)
(336) 806-9627 (Pathologist On Call Pager)

http://www.wfubmc.edu/pathology/requestforms.htm

| *Client:* | |
|---|---|
| Clinic/Group Name: | |
| Address: | |
| City, State, ZIP: | |
| Fax: | Phone: |
| Technician: | Email: |
| WFUBMC CASE # | Date Rec'd: |

# RENAL BIOPSY INTERPRETATION REQUEST FORM

## PATIENT INFORMATION

| Name: *Last Name* | *First Name* | *Middle* | *Maiden* | *Mother's First Name* |
|---|---|---|---|---|
| DOB: | SSN: | Marital Status: | Race: | Sex: ☐ M ☐ F |
| Address: | City: | State: | ZIP: | |
| Telephone: | Employer: | Employer's Tel: | | |

## BILLING AND INSURANCE INFORMATION

| Bill To : | Primary Insurance: | ☐ Medicare | ☐ Medicaid | ☐ Any Other Insurance | *(*Check box(es) & provide insurance details below)* |
|---|---|---|---|---|---|
| | Secondary Insurance: | ☐ Medicare | ☐ Medicaid | ☐ Any Other Insurance | |

*Check ONLY if patient has NO INSURANCE:* ☐ Bill Patient (Self-Pay) SPAN = _____ *** ☐ Bill Doctor/Group

***Call (336) 716-9817 or 713-0164 to get a Self-Pay Authorization Number (SPAN). Without a SPAN, specimen processing may be delayed.

| | | | |
|---|---|---|---|
| Complete For All Insurers: | Subscriber Name: | Relationship to pt: | |
| | Policy/ID Number: | | |
| **Medicare Information:* | Hospital Insurance Effective Date: | Medical Insurance Effective Date: | |
| | ☐ *Check here if signed ABN form** is on file for all Routine Pap Smears* | | |
| **Medicaid Information:* | Carolina Access Number: | Valid From: | To: |
| | State Issued If Not North Carolina: | | |
| **All Other Insurance Information:* | Name of Company: | | |
| | Address For Claims: | Plan Number: | |
| | City/State/ZIP | Effective Date: | |

## PHYSICIAN INFORMATION

| Requesting MD *(please print)*: | | ☐ Send copy of report to Primary Care Provider: | PCP Name: |
|---|---|---|---|
| Signature: | Tel:<br>Fax: | | Fax: |

## COMPLETE FOR ALL SPECIMENS

| ☐ URGENT | Biopsy Date: | Collection Time: | Patient Location: ☐ INPATIENT ☐ OUTPATIENT |
|---|---|---|---|

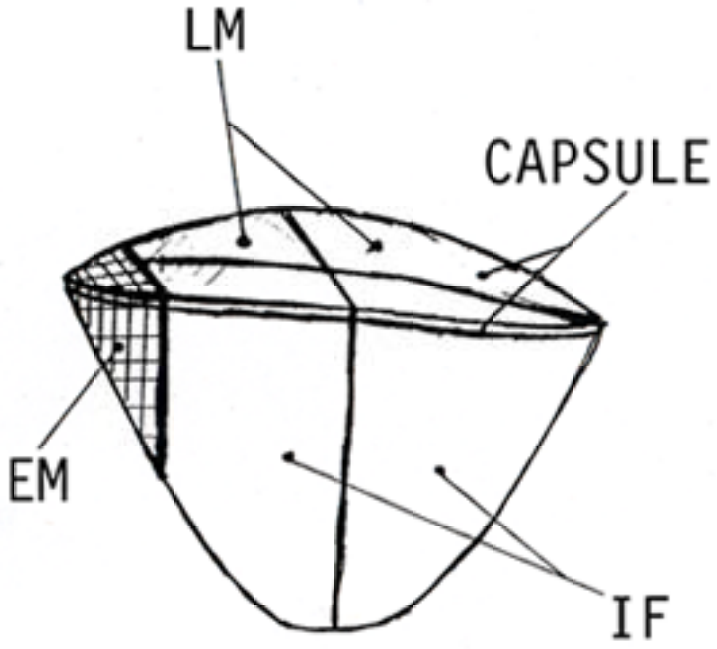
Please be sure to provide a contact number, if different from above, to call with URGENT results:

## RENAL PATHOLOGY SPECIMEN(S)

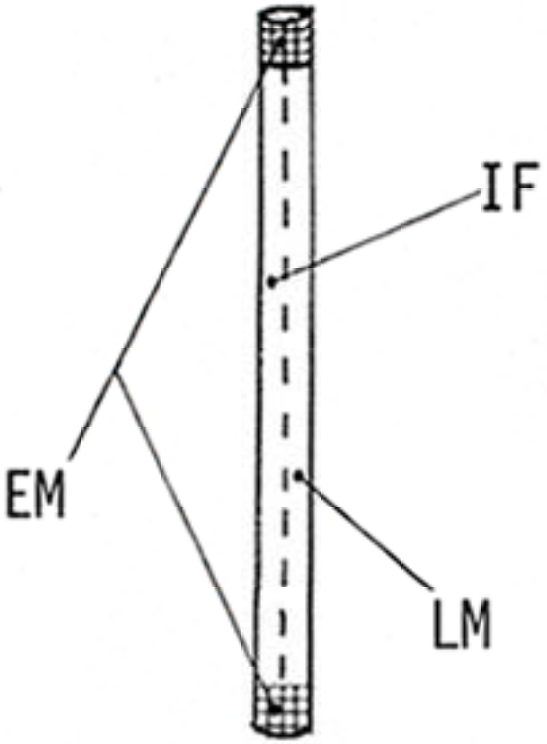
| | | | | | |
|---|---|---|---|---|---|
| Clinical Summary & Diagnosis: | | | | | |
| Hypertension History: | # of years: | # of anti-hypertension meds: | Blood Pressure: / | | |
| Laboratory Results: | Urinalysis: | Hematuria: | Proteinuria: | Pyuria: | RBC Casts: |
| | Urine Tests: | Pr/Cr | 24-hour Protein: | Creatinine Clearance: | |
| | Serum Tests: | Creatinine: | Albumin: | Cholesterol: | |
| | | ANA: | Anti-ds DNA: | Anti-GBM: | |
| | | ANCA: | HIV: | ASO: | |
| | | Serum C3: | Other: | | |
| Any Other Pertinent Information: | | | | | |

CLEAR SAVE PRINT

# RENAL BIOPSY COLLECTION GUIDE




OPEN BIOPSY




NEEDLE BIOPSY

DELIVER SPECIMENS TO:

DR. SAMY ISKANDAR
MOLECULAR DIAGNOSTICS LABORATORY
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

(336) 716-2629 or http://www.wfubmc.edu/pathology/anatomic/renal.htm