



The accurate interpretation and reporting of biopsy results is contingent upon the reason for testing, ancestry, clinical information, and family history. To help provide the best possible service, supply the information requested below either on this form or copies of their health record that include this information.

Patient Information

Form with fields for Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), and Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Provider Information

Form with fields for Referring Nephrologist Name (Last, First), Phone, Fax*, Referring Pathologist Name (Last, First), Phone, Fax*, and MCL Account Number (required).

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing

Empty text box for Reason for Testing.

Ancestry

Form with checkboxes for European, African/African American, Latinx/Latine, Asian, and Other, specify: _____

Clinical Information

Form with checkboxes for Native biopsy, Allograft biopsy (Transplant date (mm-dd-yyyy): _____, Original disease: _____), and Time Zero/Zero-hour.

Indications

Form with checkboxes for Hematuria, Acute kidney failure, Hypertension, Systemic lupus, Proteinuria, Family history, Diabetes, and Other, specify: _____

Laboratory Data Provide most recent results.

Form with fields for Creatinine (mg/dL), Serum albumin, Urine sediment (Dysmorphic RBC's, RBC casts, WBC's, Bacteria), 24-hour urine protein, ANA, Anti-dsDNA, ANCA, Anti-GBM, Hepatitis B, Hepatitis C, C3, and C4.

Other Pertinent Clinical and Laboratory Information

Empty text box for Other Pertinent Clinical and Laboratory Information.