Indiana University Health

IU Health Laboratory Services
350 W. 11th Street
Indianapolis, IN 46202-4108
317.491.6000 or 800.433.0740
Fax: 317.491.6001

Patient Legal Name (Last, First MI)		DOB	( )ROUTINE ( ) PHONE ( ) STAT	Date/Time of Collection
Patient SSN #	Ethnicity	MR#/Alternate Pt ID		Phone:
Address		Phone		Fax:
City, State, Zip		M F	☐ BILL SENDING FACILITY ☐ BILL PATIENT OR INSURANCE ☐ SPLIT BILL: TC TO FACILITY & PC TO INSURANCE (Medicare, Medicaid, Tricare) **NOTE: For split and patient bill: Attach Face Sheet & Insurance Card**	
Physicians Signature	Order Date	Print Physicians Name (F, MI, L)		
Client:			Referring Physician/Nephrologist:____________________	
ICD-10 Diagnosis Codes:			Telephone: ____________________ Final Report Fax: ____________________	

KIDNEY BIOPSY REQUISTION

Fax requisition & face sheet to IU Health Pathology Lab, before specimen is shipped. Fax #: 317.491.6419, "Attn: Renal Biopsy"

☐ Check here if biopsy specimen is **CRITICAL** and/or shipped on Friday for Saturday delivery.

SPECIMEN TYPE			CLINICAL HISTORY & BIOPSY INDICATION:
☐ Native Kidney			
☐ Allograft/Transplant Date:			
☐ AKI	Yes	No	
☐ CKD Stage? I II III IV V			
☐ Hematuria	Yes	No	
☐ Nephritic	Yes	No	
☐ Nephrotic	Yes	No	
☐ Proteinuria	Yes	No	
☐ Rash	Yes	No	
☐ Tobacco	Yes	No	

Laboratory Data

Chemistry	Urinalysis	
☐ Creatinine, Serum		
☐ Creatinine Clearance	☐ Protein	
☐ BUN	☐ RBC	
☐ Albumin	☐ WBC	
☐ Glucose	☐ Glucose	
☐ HgB A1C	☐ Urine P:C Ratio	
☐ Hemoglobin	☐ 24-hr. Protein	
☐ Platelets	**Serology**	
	☐ Complements	
M-spike/MGUS? Y N	☐ ASO	☐ HIV
☐ SPEP	☐ ANA	☐ dsDNA
☐ UPEP	☐ ANCA	☐ GBM
☐ IFE	☐ Hep A/B/C	☐ PLA2R
☐ Free Light Chains	☐ Rheumatoid factor	☐ Cryoglobulins

Laboratory Pathologists:

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