

**HISTO-ANATOMIC PATHOLOGY (HAP)
RENAL GRAFT BIOPSY**

Name _____

Age _____ Sex _____ Date _____

Clinician's Name & Contact Number _____

Clinical Notes _____

Date Of Transplant _____ Doner Relation _____ Doner Age _____

HLA Match _____ DR _____ Basic Disease _____

Immunosuppressions/Drug Level _____

Previous Biopsy Report & Date _____

USG/Doppler Graft _____ RI _____

B.P. _____ mm/Hg Weight _____ kg 24 Hrs. Urinary Protein _____ gram

Urine Albumin _____ M/E _____ S.Cr. _____ mg/dL (Baseline Cr. _____)

Hb. _____ gm/dL Total WBC Count _____ /cmm Platelet Count _____ /cmm

S. Proteins _____ gm/dL, A/G _____ / _____ gm/dL, Blood Sugar _____ mg/dL

Other _____

Clinical Impression _____

Drug	Dose	Level	Drugs	Dose	Level
Prednisone			Everolimus		
Tacrolimus			MMF		
CSA			Azathioprin		
Sirolimus					

Prednisone	
Tacrolimus	
CSA	
Sirolimus	

Investigation : HPE IF EM IHC

Gross Examinationt _____

Signature _____

Neuberg Supratech Reference Laboratories Private Limited

(Previously known as Supratech Micropath Laboratory & Research Institute Pvt Ltd)

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