

TEST REQUISITION FORM

HISTO-ANATOMIC PATHOLOGY (HAP) NATIVE KIDNEY BIOPSY

PATIENT DETAILS

Full Name _____ Age _____

Sex Male Female Others _____ Date Of Collection _____

E-mail ID* _____ Contact No _____

Consultant Name _____ Consultant Contact Number _____

Consultant Email ID _____

Sample Collection Date _____ Sample Collection Time _____

INDICATION OF BIOPSY		
NEPHROTIC		
NEPHRITIC		
RPRF		
OTHER		
H/O FEVER		
VITALS		
HR		
BP		
ANTIPLATELETS/WARF/HEPARIN		
HB		
WBC		
PLAT		
S. CREAT		
Na/K		
URINE R/M		
ALBUMIN		
PUS CELLS		
RBC		
URINE C/S		
PT/INR		
APTT		
ELISA		
HIV		
HbsAg		
HCV		
USG ABDOMEN		
RT KIDNEY SIZE		
LT KIDNEY SIZE		
CMD		
LAST HD ON		
FUNDUS EXAMINATION		
2D ECHO		
24 HRS URINE PROTEIN		
URINE PROTEIN, CREAT RATIO		
BLOOD PROTEIN		
ALBUMIN		
GLOBUIN		

Signature _____