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)

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: 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:	

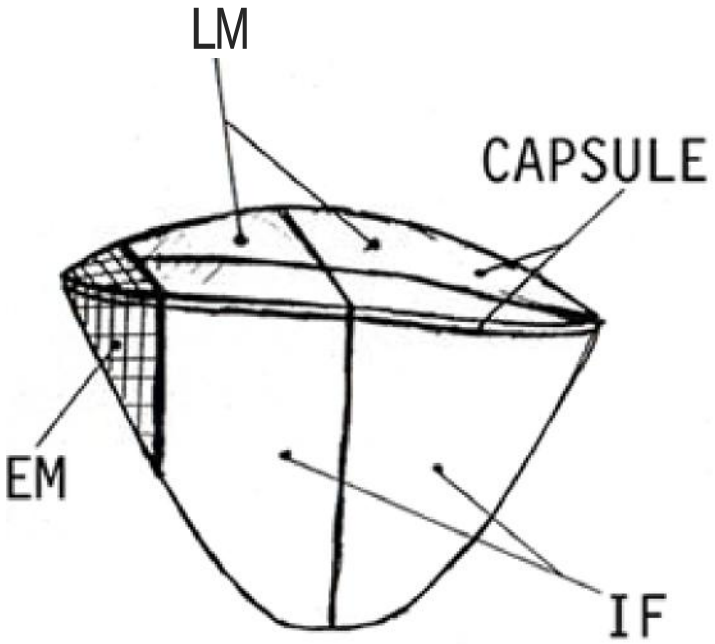
Hypertension History:	# of years:	# of anti-hypertension meds:	Blood Pressure: /

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:		

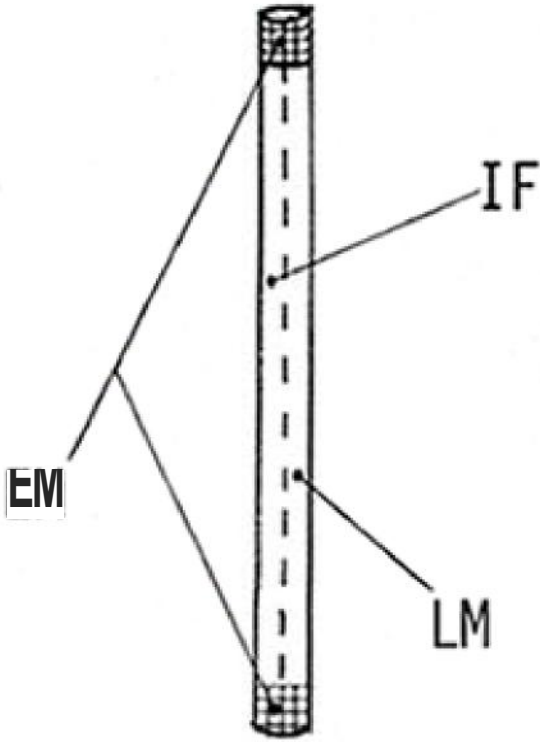
Any Other Pertinent Information:	

CLEAR SAVE PRINT

RENAL BIOPSY COLLECTION GUIDE



OPEN BIOPSY



NEEDLE BIOPSY

DELIVER SPECIMENS TO
Dr. Alexei Mikhailov
MOLECULAR DIAGNOSTICS LABORATORY
WAKE FOREST BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM NC 27157

(336)716-2677