

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)

http://www.wfubmc.edu/pathology/requestforms.htm

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:	<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Maiden</i> <i>Mother's First Name</i>
DOB:	SSN:	Marital Status:	Race:	Sex: M F
Address:		City:	State:	ZIP:
Telephone:	Employer:	Employer's Tel:		

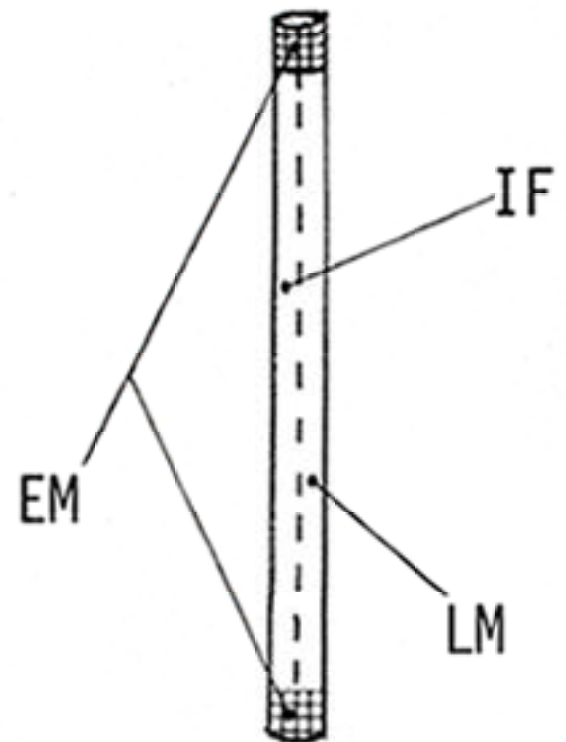
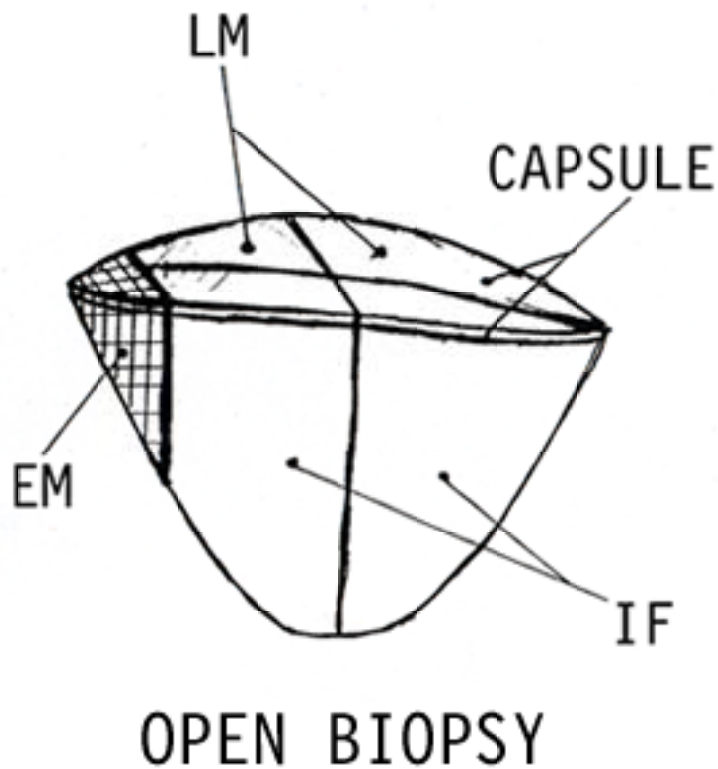
BILLING AND INSURANCE INFORMATION					
Bill To :	Primary Insurance:	Medicare	Medicaid	Any Other Insurance	(*Check box(es) & provide insurance details below)
	Secondary Insurance:	Medicare	Medicaid	Any Other Insurance	
<i>Check ONLY if patient has NO INSURANCE:</i>		Bill Patient (Self-Pay) SPAN = _____ ***		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:				
<i>*Medicare Information:</i>	Hospital Insurance Effective Date:		Medical Insurance Effective Date:		
<i>Check here if signed ABN form** is on file for all Routine Pap Smears</i>					
<i>*Medicaid Information:</i>	Carolina Access Number:		Valid From:	To:	
<i>State Issued If Not North Carolina:</i>					
<i>*All Other Insurance Information:</i>	Name of Company:			Plan Number:	
Address For Claims:			Effective Date:		
City/State/ZIP					

PHYSICIAN INFORMATION			
Requesting MD <i>(please print):</i>		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:						

RENAL BIOPSY COLLECTION GUIDE



DELIVER SPECIMENS TO:
DR. SAMY ISKANDAR
MOLECULAR DIAGNOSTICS LABORATORY
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

(336) 716-2629 or <http://www.wfubmc.edu/pathology/anatomic/renal.htm>