

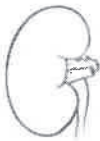


**Weill Cornell
Medicine**
Renal Pathology

Weill Cornell Medicine

Renal Pathology Laboratory

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Renal Biopsy Data Form

Patient name _____ D.O.B. _____ Age _____ Sex M F

Biopsy date ___/___/___ Surg Path # _____ Attending Physician: _____ Tel# _____

Clinical impression: _____

Medications: _____

Age at onset of disease: _____ Time interval between onset and biopsy: _____

B/P: _____ Weight: _____ History of DM: Yes No

Hematuria: _____ Albuminuria/Proteinuria(1+ - 4+) _____

Creatinine Clearance: _____ ml/min, 24h Protein: _____ Specific Gravity: _____ pH: _____

RBC: _____ /hpf WBC: _____ /hpf Casts: _____ Bacteria: _____

BUN: _____ mg/dL Serum Creatinine: _____ mg/dL, Uric Acid: _____ mg/dL, Glucose: _____ mg/dL,

Cholesterol: _____ Total Protein: _____ Serum Albumin: _____ g/dL, Calcium: _____ mg/dL,

Serum Complement (C3, C4 CH50): _____

Hgb: _____ Hct: _____ RBC _____ WBC _____ Platelets: _____ ESR: _____

Serum Immunoelectrophoresis Results IgG: _____ IgA: _____ IgM: _____ Kappa: _____ Lambda: _____

Urine Protein Electrophoresis (UPEP): _____ M-Spike: Yes No

SEROLOGIC TESTS

ANA: _____ Anti-DNA: _____ Rh. factor: _____ ASLO: _____ ANCA: _____

Cryoglobulin: _____ HIV: _____ VDRL: _____ Hep B or/ & C: _____ APLA: _____

Other: _____ SARS-CoV-2 PCR _____ SARS-CoV-2 Antibody _____

History related to pregnancy: _____