

## TEST REQUISITION FORM

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

Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_  
 Sample Collection Date \_\_\_\_\_ Sample Collection Time \_\_\_\_\_  
 Clinician's Name & Contact Number \_\_\_\_\_

Clinical Notes \_\_\_\_\_

Date Of Transplant \_\_\_\_\_ Doner Relation \_\_\_\_\_ Doner Age \_\_\_\_\_

HLA Match t \_\_\_\_\_ 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 EXAMINATION

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 \_\_\_\_\_  
 \_\_\_\_\_  
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Signature \_\_\_\_\_