



NextGenPath Diagnostics

No. 34/29, Nallasiriyar Nagar, Thottipalayam,
Chinnampalayam Post, COIMBATORE - 641 062

TRANSPLANT RENAL BIOPSY REQUEST FORM

PATIENT'S NAME:	AGE/SEX:	UNIQUE NO:NXT/	BIOPSY NO: TR-
HOSPITAL:	CLINICIAN:		CONTACT NO:
ADDRESS:	EMAIL:		
Underlying native kidney disease:			
Native kidney biopsy report (if available):			
Sensitization history and pre transplant immunological workup details:			
Donor: Cadaver/living	Age of donor:	Date of transplant:	Induction:
Indication for current biopsy (tick): Diagnostic / Protocol			
<u>Current immunosuppression:</u>			
Drug details and levels:	Expected target range:		
Specific antirejection treatment before biopsy (in last 1 week):			
Is the patient seems complaint: yes/no			
History of other medications:			
BP:	HbA1c:		
Urine protein: ___g/24 hrs; uPCR:			
Urine microscopy: RBC -	;	WBC -	;
		Cast -	;
			Decoy cells -
Serum creatinine (baseline level in last 3 months):			
Serum creatinine (present):			
Serology/molecular: Hepatitis B:	Hepatitis C:	HIV:	BKV: CMV: Adenovirus:
Urinary tract infection:			
Obstruction of ureter:			
Radiology:			
Previous biopsy details (native/transplant):			

CLINICAL IMPRESSION:	For queries, please contact: Dr. BALAN LOUIS. G MD Path (PGI) DM Histopath (PGI) Director - NextGenPath Diagnostics, Coimbatore - 641062 Contact no: +919597598573 Email: nextgenpatho@gmail.com Website: nextgenpathdiagnostics.org
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