



*Dept. of Pathology
Renal Biopsy History*

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Please complete and **submit** this form to Ramesh Nair, M.D. or **print** and fax to the number above

Pt. Name: _____ Date: _____
Age: _____ Sex: _____ Rush? Yes No

Call Back information: Pager etc: _____

Native: Tx: Please check: LRD LURD CAD _____
Date of Tx: ___/___/_____ Number of Tx: 1st , 2nd , 3rd

- | | | |
|----------------------------------|--------------------------|-------------------|
| Nephrotic Syndrome | <input type="checkbox"/> | Time frame: _____ |
| Acute Nephritic Syndrome | <input type="checkbox"/> | Time frame: _____ |
| Acute Renal Failure | <input type="checkbox"/> | Time frame: _____ |
| Rapidly Progressive GN | <input type="checkbox"/> | Time frame: _____ |
| Isolated Hematuria / Proteinuria | <input type="checkbox"/> | Time frame: _____ |
| Chronic Renal Failure | <input type="checkbox"/> | Time frame: _____ |

Labs:

U/A: Heme: _____ Prot: _____ Casts: _____ Other: _____

S. creatinine: _____ mg/dL, 24 hr. urine protein: _____

ANA: _____ dsDNA : _____ RF : _____ APL antibody: _____

ANCA: _____

Hepatitis: _____

Other Labs:

SUBMIT to email

PRINT to fax