Yale Pathology Labs

A legacy of caring, a passion for excellence

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Renal and EM Specimen Order Form

PATIENT INFORMATION

LAST NAME	FIRST NAME	M.I.

STREET ADDRESS	APT. NO.

CITY	STATE	ZIP

PHONE NUMBER	SSN

DATE OF BIRTH - MM/DD/YYYY	AGE	SEX	PATIENT ID / MR #

ETHNICITY: ☐ AMERICAN INDIAN OR/ ALASKAN NATIVE ☐ AFRICAN AMERICAN ☐ ASIAN ☐ HISPANIC OR LATINO ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE NON-HISPANIC ☐ TWO OR MORE RACES

BILLING/INSURANCE INFORMATION

CASE #

PID#

BILL:
☐ CLIENT ☐ MEDICARE
☐ DOCTOR ☐ PATIENT
☐ INSURANCE ☐ OTHER
☐ MEDICAID

INSURANCE INFO:

ATTACH A COPY OF FRONT & BACK OF INSURANCE CARD OR FACE SHEET

ORDERING PHYSICIAN

PHYSICIAN NAME

STREET ADDRESS

CITY	STATE	ZIP

PHONE NUMBER	FAX NUMBER

INSTITUTION / PRACTICE

NAME

STREET ADDRESS

CITY	STATE	ZIP

PHONE NUMBER	FAX NUMBER

ORDERING PHYSICIAN / REPRESENTATIVE SIGNATURE	NPI	DATE

COPIES TO: (NAME, ADDRESS, FAX & PHONE)

PATIENT HISTORY

FAMILY HISTORY

SPECIMEN INFORMATION

DATE COLLECTED (MM/DD/YYYY): ______________

RENAL DISEASE KNOWN DURATION: ______	HYPERTENSION	DIABETES	HEIGHT	WEIGHT
☐ ARF ☐ CKD	☐ YES ☐ NO BP: ______	☐ YES ☐ NO		

RELEVANT DRUGS

ANTIBIOTICS: ☐ YES ☐ NO DRUG NAME: ______________ **NSAIDS:** ☐ YES ☐ NO DRUG NAME: ______________

HEAVY METALS OR HERBAL MEDICATIONS: ☐ YES ☐ NO DRUG NAME: ______________ **MISCELLANEOUS DRUGS:** ☐ YES ☐ NO DRUG NAME: ______________

LABORATORY DATA: *provide below or attach applicable laboratory results*

BUN	Cholesterol	RF	Hepatitis C
Creatinine	Glucose	C3 C4	Hepatitis B
Creatinine Clearance	ASO	Cryoglobulins	HIV
Uric Acid	C-ANCA	Anti-ds-DNA	UIEP
Total Protein	P-ANCA	ANA	SIEP
Albumin	Anti-GBM	Anti-Sm AB	Other

Differential Diagnosis: ______________

Urinary Findings: Sediment Morphology: ______________

Protein (G/24 hours): ______________ Urine Protein/Creatinine Ratio: ______________

Radiology: Ultrasound: Kidney Size: **L =** ______ cm **R =** ______ cm IVP/Arteriogram: ______________