



## Renal and EM Specimen Order Form

PATIENT INFORMATION				BILLING/INSURANCE INFORMATION			
LAST NAME		FIRST NAME		M.I.		CASE #	
STREET ADDRESS				APT. NO.		PID#	
CITY		STATE		ZIP		BILL:	
PHONE NUMBER		SSN				<input type="checkbox"/> CLIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> DOCTOR <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> OTHER <input type="checkbox"/> MEDICAID	
DATE OF BIRTH - MM/DD/YYYY		AGE	SEX	PATIENT ID / MR #		<b>INSURANCE INFO:</b>  ATTACH A COPY OF FRONT & BACK OF INSURANCE CARD OR FACE SHEET	
ETHNICITY: <input type="checkbox"/> AMERICAN INDIAN OR/ ALASKAN NATIVE <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> WHITE NON-HISPANIC <input type="checkbox"/> TWO OR MORE RACES							
ORDERING PHYSICIAN				INSTITUTION / PRACTICE			
PHYSICIAN NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIP	CITY		STATE	ZIP
PHONE NUMBER		FAX NUMBER		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
<input type="checkbox"/> ARF <input type="checkbox"/> CKD		<input type="checkbox"/> YES <input type="checkbox"/> NO    BP: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO		

RELEVANT DRUGS
ANTIBIOTICS: <input type="checkbox"/> YES <input type="checkbox"/> NO    DRUG NAME: _____ NSAIDS: <input type="checkbox"/> YES <input type="checkbox"/> NO    DRUG NAME: _____ HEAVY METALS OR HERBAL MEDICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO    DRUG NAME: _____ MISCELLANEOUS DRUGS: <input type="checkbox"/> YES <input type="checkbox"/> NO    DRUG NAME: _____

LABORATORY DATA: <i>provide below or attach applicable laboratory results</i>			
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: \_\_\_\_\_