



# Nephropathology Request Form

Department of Pathology, Ramathibodi Hospital, Mahidol University

Gross.....	ORGAN CODE <b>7120</b>
Slide.....	PRICE

Resident.....Staff.....

จำนวน ขวด ..... วันที่รับ..... เวลา..... ผู้นำส่ง..... ผู้รับ.....					Patient ID Barcode				
Sex <input type="radio"/> M <input type="radio"/> F	Age	Ethnic	Marital status	Occupation	SURGICAL NUMBER				
<b>Specimen of</b> <input type="radio"/> Native kidney <input type="radio"/> Renal allograft		<b>Biopsy time</b>			นัดตรวจผู้ป่วยครั้งต่อไป <input type="radio"/> ขอผลด่วนภายใน 24 ชั่วโมง ติดต่อพยาธิแพทย์/เจ้าหน้าที่.....วันที่/เวลา.....				
<b>Special request</b> <input type="radio"/> IF <input type="radio"/> EM <input type="radio"/> C4d, SV40 <input type="radio"/> Other.....		<b>For renal allograft</b> Transplantation date Underlying kidney disease: DSA : CNI <input type="radio"/> Y <input type="radio"/> N Level:			<b>Department</b>		<b>Resident/Fellow:</b> ID: TEL:		
					<b>Ward</b>		<b>ATTN STAFF:</b> ID: TEL:		
<b>Indication for current bx:</b> <input type="radio"/> Baseline(T0) <input type="radio"/> Protocol bx.....mth <input type="radio"/> Diagnostic bx									
<b>History and Clinical Diagnosis:</b>							<b>Underlying disease</b> <input type="radio"/> DM <input type="radio"/> HT <input type="radio"/> SLE <input type="radio"/> Malignancy <input type="radio"/> Infection <input type="radio"/> Obesity <input type="radio"/> Other		
<b>Urine analysis:</b>		<b>Serum:</b> BUN    Cr    FBS    HbA1c    Albumin Hepatitis    ANA    ANCA    Complement Other							
ผู้ส่งตรวจ/ให้ข้อมูล..... ID.....Tel.....									
<b>For Pathologist only</b>									
<b>Gross findings:</b> The specimen consists of ..... piece(s) of soft tan core shaped tissue measuring .....cm long and .....cm in diameter. (It is)/(All are) submitted as A. NS									
<b>Submitted by.....Date.....</b>									
<b>Sign out by.....Date.....</b>									