



Arkana Laboratories

Clinical Data Sheet

Affix patient sticker here

Ordering Physician: X

Signature authorization for pathology services.

Patient Name: _____ Age: _____ Gender: M F Race: _____

Biopsy Type: Native Transplant (Please circle) LRD LURD CadTx Ped Donor Extended Donor

Relevant History and Data: _____

Appropriate Clinical Syndrome:

Time Frame:

- Nephrotic Syndrome..... _____
- Acute Nephritic Syndrome _____
- Acute Renal Failure..... _____
- Rapidly Progressive Glomerulonephritis..... _____
- Isolated Hematuria (Please circle) Micro / Macro _____
- Isolated Proteinuria _____
- Chronic Renal Failure _____
- Other _____

Labs:

S. Creatinine _____ mg/dl 24 Hr. Urine Protein _____ Hgb A1C _____
 GFR _____ CsA/ Tacrolimus _____ ESR _____

Serologies:

ANA _____ antiGBM _____ Hep. B _____ Cryo _____ C3 _____
 RF _____ cANCA _____ Hep. C _____ HIV _____ C4 _____
 ant-ds DNA _____ pANCA _____ SPEP / UPEP _____ ASO _____ CH50 _____

Other: _____