

Cleveland Clinic Laboratories

Renal Biopsy Worksheet

Clinical History for Medical Renal Biopsy:

Patient Name	_____	Surgical Number	_____
Age	_____	Sex	_____
Date of Biopsy	_____	Clinical History Number	_____
General Medical History	_____		
Hypertension:	Yes _____	No	_____
Duration of Hypertension	_____		
Medications	_____		

Urine Output:

Proteinuria:	Yes _____	No	_____	Amount	_____	/24Hr.
Nephrotic Syndrome:	Yes _____	No	_____	Nephritic Urine:	Yes _____	No _____
Description of Urine Sediment:	RBCs _____	WBCs	_____			
	Casts _____	Other	_____			
Serum Creatinine:	_____	B.U.N.	_____			
Serum Complement:	CH ₅₀ : _____	C ₃ :	_____	C ₄ :	_____	
A.N.A.	_____	Anti DNA:	_____	Cryoglobulin:	Yes _____	No _____
Monoclonal Protein:	Yes _____	No	_____			
Diabetes:	Yes _____	No	_____			
Renal Transplant:	Yes _____	No	_____			
Significant Physical Findings:	_____					

Family History:	_____					

