DONOR ID Click or tap here to enter text. **KIDNEY BIOPSY REPORT**

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| --- | --- |
| RIGHT Kidney Biopsy | LEFT Kidney Biopsy |
| Pathological Interpretation:  Click or tap here to enter text. | Pathological Interpretation:  Click or tap here to enter text. |
| 1. Biopsy type:  Wedge  Core needle 2. Tissue preparation technique:   Frozen  Formalin-fixed paraffin embedded   1. Number of glomeruli: \_Click or tap here to enter text. 2. Number of globally sclerotic glomeruli: \_Click or tap here to enter text. 3. Percent globally sclerotic glomeruli: \_Click or tap here to enter text.% 4. Nodular mesangial glomerulosclerosis:   Absent  Present  Unknown   1. Interstitial fibrosis/tubular atrophy:   <5%  6-25%  26-50%  >50%  Unknown   1. Vascular disease:   None (<10%)  Mild (10-25%)  Moderate (26-50%)  Severe (>50%)  Unknown   1. Arteriolar hyalinosis:   None  Mild to moderate (1 arteriole)  Moderate to severe (2 arterioles)  Severe (multiple or circumferential)  Unknown   1. Cortical necrosis   Absent  Present: \_ %  Unknown   1. Fibrin thrombi   Absent  Present: \_ %  Unknown   1. Comments:   Click or tap here to enter text. | 1. Biopsy type:  Wedge  Core needle 2. Tissue preparation technique:   Frozen  Formalin-fixed paraffin embedded   1. Number of glomeruli: \_Click or tap here to enter text. 2. Number of globally sclerotic glomeruli: \_Click or tap here to enter text. 3. Percent globally sclerotic glomeruli: \_Click or tap here to enter text.% 4. Nodular mesangial glomerulosclerosis:   Absent  Present  Unknown   1. Interstitial fibrosis/tubular atrophy:   <5%  6-25%  26-50%  >50%  Unknown   1. Vascular disease:   None (<10%)  Mild (10-25%)  Moderate (26-50%)  Severe (>50%)  Unknown   1. Arteriolar hyalinosis:   None  Mild to moderate (1 arteriole)  Moderate to severe (2 arterioles)  Severe (multiple or circumferential)  Unknown   1. Cortical necrosis   Absent  Present: \_ %  Unknown   1. Fibrin thrombi   Absent  Present: \_ %  Unknown   1. Comments:   Click or tap here to enter text. |

\*\*Please inform on-site coordinator or OPO office when you finalize report. \*\*

Pathologist Name: Click or tap here to enter text. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time: Click or tap to enter a date. Click or tap here to enter text. Phone: Click or tap here to enter text.