

Pathologie

Patient data sheet for native kidneys

Universitätsspital Basel
Pathologie, Schönbeinstrasse 40, CH-4031 Basel
Telefon +41 61 265 27 57, Fax +41 61 265 31 94



Last name, First name, Maiden name		Date of birth			Sex				
		T T	M M	J J	M	W			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Address (Road, House number, Postal code, Town)									
<input type="checkbox"/> stationary	<input type="checkbox"/> outpatient	Pat.-ID:		Case -Nr.:					
<input type="checkbox"/> 3. Cl	<input type="checkbox"/> 2. Cl	<input type="checkbox"/> 1. Cl	<input type="checkbox"/> privately	<input type="checkbox"/> Self-pay	<input type="checkbox"/> SUVA	<input type="checkbox"/> EMV			
				<input type="checkbox"/> IV	Name of health insurance:				
				Number of health insurance:					
Date of biopsy:		Hospital and name of clinician (stamp) →							
Previous studies (Nr. or year):									
Copie(s) at:									

(do not fill in this field)

Clinical data (please see reverse side for lab. data and urine findings)

Date of biopsy (d/m/y): _____

Clinical (renal) diagnosis: _____

Onset of renal disease (m/y): _____

Family history of renal disease? yes no

If yes, please specify:

.....

Course of disease: acute chronic unknown

Renal failure: rapidly progressive acute chronic none

Clinical symptoms: uremia edema anemia hemoptysis arthralgia fever
 flank pain microhematuria macrohematuria proteinuria

Hypertension: yes no BP controlled on medication

Blood pressure:/..... mmHg

Other diseases/ DM type 1 DM type 2, onset of DM:/year

conditions: malignancy rheumatic disease drug abuse

bacterial infection viral infection pregnancy

Please specify:

IF

EM

Therapy: dialysis plasmapheresis corticosteroids immunosuppression
 NSAID diuretics ACE-inhibitors beta-blocker
 ARB renin antagonist Ca-antagonist lipid lowering agent
Other, please specify:

Extrarenal diseases: heart arteries lung GIT liver blood eyes/ears

Height: cm, **Weight:** kg

Quantitative / laboratory data

Serum / blood

Platelets: low high normal /l

Hemoglobin: g/dl or mmol/l

Creatinine: mg/dl or µmol/l

Protein: g/dl

Albumin: g/dl

Cholesterin: mg/dl or mmol/l

Creatinine clearance: ml/min, determined by: 24h urine, formula

ANCA: C (PR3) P (MPO) negative not determined (nd)

ANA: positive negative nd

Anti-ds DNA: positive negative nd

ENA: positive negative nd

Please specify:

Anti-GMB: positive negative nd

Complement: C3: low normal nd **C4:** low normal nd

Cryoglobulins: positive negative nd

Please specify:

Paraprotein: positive negative nd

Please specify:

Anti-SLT (ASOT): positive negative nd

Infections: Hepatitis B Hepatitis C HIV EBV CMV Hantavirus

Other, please specify:

Urine

Volume: ml/24h anuria oliguria normal polyuria

Proteinuria: g/24h or g/g creatinine, mg/mmol creatinine

mikroalbuminuria Ø / + / ++ / +++ none

Sediment: macrohematuria microhematuria dysmorphic red cells

red cell casts white cell casts leukocytes bacteria

Renal size: right cm / left cm

