

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/ conditions:**     DM type 1     DM type 2, onset of DM: ...../year  
 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

