

ELECTRON MICROSCOPY SERVICE LABORATORY, UCSF

Request for Consultation

UCSF Use Only: UCSF Accession Number _____

Patient Name: _____	Due to HIPAA regulations please list ALL address/FAX# to which reports are to be sent. Leaving this space blank may result in reports not being sent to a particular address/FAX#
Birth Date: _____ Sex: _____	Referring Physician: _____
Referring Hosp MRN _____ Referring Hospital: _____ Home Address: _____	Physician Address: _____ _____ _____ Fax: (REQUIRED) _____
DATE COLLECTED _____ Materials submitted for Evaluation: Case Number _____ ___ Tissue: _____ ___ Paraffin block ___ Light microscopy slides ___ Other _____	Referring Pathologist: _____ Pathology Dept. Address: _____ _____ _____ Fax: (REQUIRED) _____
Studies Requested: ___ Light Microscopy ___ Immunofluorescence ___ Electron Microscopy	Preliminary telephone report to: _____ _____ Phone # _____
Please Bill: _____ Hospital _____ Insurance _____ Patient _____	

Presenting History:

Past Medical History

Chronic Renal Failure: Y / N for _____ Years Hypertension: Y / N for _____ Years Diabetes Mellitus: Y / N for _____ Years Immune Compromised: Y / N IV Drug Use: Y / N	Renal transplantation: Y / N Date: _____ Primary Disease: _____ Conn. Tissue Disease: Y / N Specify _____ Malignancy: Y / N Specify _____ Family History of Renal Disease: _____
Physical Examination BP: _____ / _____ Fundi: _____ Edema: _____	Medications:

Laboratory Results (pertinent to differential diagnosis)

Serum Hematocrit Shistocytes: Y / N WBC: % Eos: Platelets: BUN: Creatinine: Albumin: Other:	Urinalysis Proteinuria: _____ for _____ Hematuria: _____ for _____ Sediment RBCs: RBC Morphology: WBCs: Casts: Other:	Serology ANA: Anti-ds DNA: ASO: Anti-DNAase B: Anti-GBM: ANCA: C3: C4: Cryoglobulin: Hepatitis Serology: Other:
Electrophoresis SPEP: UPEP: Additional Studies (Ultrasound, IVP, CT):	24-Hour Collection: Protein: CrCl:	

Clinical Impression:

Deliver to: (Please write address as shown to ensure proper delivery)	UCSF Electron Microscopy Laboratory Pathology Department, Box 1656 513 Parnassus Ave, Room S-570 San Francisco, CA 94143	Ph: (415) 353-2673 FAX: (415) 514-3403
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UCSF UCSF PATHOLOGY CONSULTATION SERVICE
Billing Information Form

Thank you for sending us a case for consultation. Please complete and send this form with your next consultation request, as the information requested will facilitate and expedite the consult process. **Please send this completed form with the patient's slides/blocks and a copy of your pathology report.**

Requesting/Referring Physician

Physician's first and last name: _____	
Reporting address: _____	
Telephone: _____	Fax: _____

Patient Information

Patient's first and last name: _____		
Birth date: _____	Gender: _____	SS#: _____
Home address: _____		
Telephone: _____		

Billing Information Please bill: (check one)

_____	Patient (Self pay)
_____	Referring Hospital / Facility
_____	Medicare ** For consult within 14 days of surgery, Medicare requires consultants to bill the referring facility for the technical charges. Professional charges will be billed to Medicare. Please indicate which facility is responsible for technical charges:
	Facility name: _____
_____	Insurance ** Please attach patient's insurance information and authorization for insurances (HMOs, some POS, and certain medical groups) that require prior authorization. Authorization should be a print-out from the insurance company with authorization #, effective dates and CPT codes (88321, 88323, 88312, 88313, 88342)

- Please note that if we do not receive this billing information in 2 weeks of the receipt of the referred case, the service charges will be billed directly to your facility.

Your Contact Information

Name: _____
Telephone: _____

Preparation of Renal Biopsy Specimens for Light, Immunofluorescence and Electron Microscopy

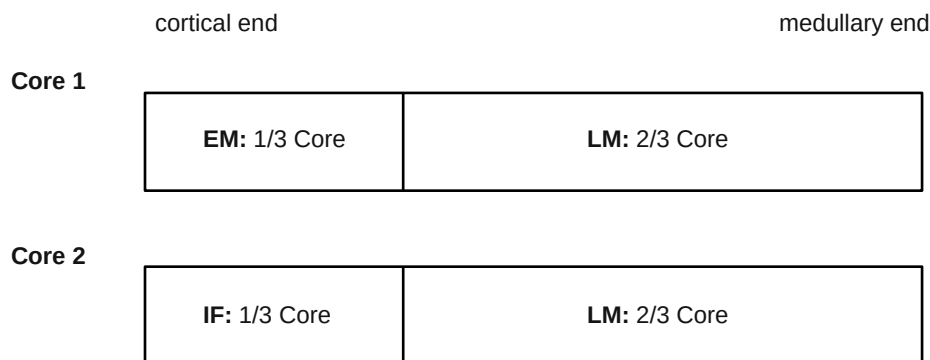
Department of Pathology, UCSF, (415) 353-2673

TISSUE SAMPLING:

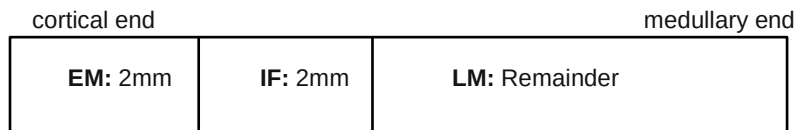
- In order to secure sufficient tissue for all technical procedures, we recommended that two renal biopsy cores be taken and subdivided as in the example illustrated below for light(LM), immunofluorescence(IF), and electron microscopy(EM):

If possible use a stereomicroscope to evaluate the core and identify the areas with glomeruli.

Two Cores taken:



One core taken



TISSUE PRESERVATION:

Portions are divided and placed in small vials of fixatives, i.e. 4-5 ml in a 10 ml vial, as outlined below.

Critical Tissue-Handling Notes:

- Care must be taken not to cross-contaminate the EM and IF solutions.
- Contamination may occur from using the same tool to transfer tissues to each fixative.
- It is preferable to use separate tools for transferring tissues into EM and IF solutions.
- Take the immunofluorescence specimen first since EM or LM fixatives will adversely affect the immunofluorescence tests.
- Likewise, avoid transferring tissue from IF fixative to the EM vial or using the same forceps without cleaning them. If fixative may adversely affect the EM test.

Shipping Instructions

1. Light Microscopy (LM):

- a. Place the tissue in 10% Neutral Buffered Formalin (NBF) for shipment to our laboratory for light microscopy processing.

2. Immunofluorescence Microscopy (IF):

a. Preferred Method:

- i. Place the tissue for immunofluorescence in immunotransport solution.
 1. Zeuss IF Transport Fluid, Wampole Laboratories, phone 800-257-9525.
- ii. Vials of transport solution will be supplied by our lab upon request.
- iii. Use of this solution eliminates the problems associated with handling and transport of frozen tissue, i.e., desiccation or thawing of tissue.
- iv. Refrigerate the specimen until shipment to the lab.
- v. Do not freeze the tissue in this media or store longer than 4 days in IF Fixative.

—OR—

b. Alternate Method

- i. If no transport solution is available:
 1. Place the tissue covered by a drop of OCT compound directly on a small piece of aluminum foil, fold the foil around the tissue and tightly fold over the edges 2-3 times to seal the tissue and prevent desiccation.
 2. Immediately freeze on dry ice, and place in a Styrofoam carton of dry ice for shipment to our laboratory.
 3. Once the tissue has been frozen, it must not be allowed to thaw.
 4. Vials containing the LM and EM tissues must be kept separated from the carton containing the frozen IF sample to avoid freezing them.

3. Electron Microscopy (EM):

- a. The specimen for EM should be placed in EM fixative as soon as possible to minimize artifact.
- b. The sample should be 3-5 mm (needle core length) in aggregate.
- c. The tissue should be refrigerated until shipment to our laboratory.
- d. Buffered glutaraldehyde (EM fixative) may be obtained from our laboratory upon request.
- e. Vials of ready-to-use EM fixative are also available from commercial vendors.

SHIPMENT OF TISSUE:

- Messenger or taxicab (same day),
- Federal Express (overnight),
- US Mail (2-4 days: least desirable choice)

Address:

When using FedEx, UPS or Taxi	When sending by US Mail
UCSF Electron Microscopy Laboratory Pathology Department , Box 1656 513 Parnassus Ave, Room S-570 San Francisco, CA 94143	UCSF Electron Microscopy Laboratory Pathology Department , Box 1656 505 Parnassus Ave, Room M-553 San Francisco, CA 94143

Phone: 415-353-2673

FAX: 415-514-3403

NOTE: We recommended that you contact our laboratory so that we will be aware that the specimen is coming.