

CONFIDENTIAL REPORT USRDS RENAL BIOPSY STUDY: PROGNOSIS AFTER ESRD

DATA COLLECTION FORM: Page 1

Facility Number:

Date Completed:
mm cc yy

PART I: Identifying Information

1. Patient's Current Name and Address:

last name

first name

m.i.

street

city

state

zip code

2. Patient's SSN:

3. Patient Medicare Claim Number: BIC:

4. Patient's Date of Birth:
mm dd yy

5. Date of the Biopsy:
mm dd yy

6. Name and Address of the Hospital at Which the Biopsy Was Performed:

name

street

city

state

zip code

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DATA COLLECTION FORM: Page 2

7. Name and Address of Physician Ordering the Biopsy:

Enter last name, first name, m.i.

street

city

state

zip code

8. Patient Name and Address At The Time of the Biopsy:

Enter last name, first name, m.i.

street

city

state

zip code

PART II: Biopsy Report

1. Biopsy Report Attached: (Check All That Apply)

a. Light Microscopy

b. Immunofluorescence

c. Electron Microscopy

2. If No Report, Give Reason:
