



The **Renal & Hypertension** Clinic has established the following standardized criteria for referrals. Please note that this specialty clinic does NOT evaluate and treat: dialysis patients (seen by nephrologist in dialysis clinic), kidney stones, obstruction, hydro-nephrosis, prostate-associated problems, renal masses & cysts, bladder masses.

To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form prior to requesting the referral.

1. Chronic Kidney Disease:
 - a) Chem 7, PO4, Mg, LFTs, CBC
 - b) Ferritin, Fe, TIBC, Reticulocyte Count, Lipid Panel, HgbA1C, Hepatitis Panel, Total CPK
 - c) Urinalysis, Urine for microalbumin & creatinine
 - d) Renal Ultrasound
 - e) Echocardiogram (preferred)
 - f) Ophthalmology Exam for diabetic retinopathy (preferred)
2. Proteinuria:
 - a) ANA, SPEP, Hepatitis Panel, HgbA1C, Lipid Panel
 - b) Urinalysis, Urine for microalbumin & creatinine
 - c) Renal Ultrasound
3. Hematuria:
 - a) ANA, ANCA, C3, C4, Hepatitis Panel
 - b) Urinalysis, Urine for microalbumin & creatinine
 - c) Renal Ultrasound
 - d) CXR (preferred)
4. Kidney Transplant:
 - a) Chem 7, PO4, Mg, CBC, LFTs
 - b) PTH-intact, Lipid Panel
 - c) Trough level of Cyclosporine or Tacrolimus
 - d) Urinalysis, Urine for microalbumin & creatinine
 - e) Ultrasound of transplant kidney