TRANSPLANT QUÉBEC

ORGAN DONOR BIOPSY

Unique identifier number

Biopsy:

☐ **Kidney** ☐ **Liver** ☐ **Other:** _____

Kidney biopsy - Result

Right kidney

Wedge ☐
Needle ☐

GLOMERULI COUNT

Total glomeruli: _____
Number of sclerosed glomeruli: _____ **Glomerulosclerosis:** _____ %

Description	Absence	Suspicion	Presence		
			Mild	Moderate	Severe
Tubular atrophy and interstitial fibrosis					
Interstitial inflammation					
Intimal interstitial fibrosis					
Hyaline arteriosclerosis					

Comments:

Left kidney

Wedge ☐
Needle ☐

GLOMERULI COUNT

Total glomeruli: _____
Number of sclerosed glomeruli: _____ **Glomerulosclerosis:** _____ %

Description	Absence	Suspicion	Presence		
			Mild	Moderate	Severe
Tubular atrophy and interstitial fibrosis					
Interstitial inflammation					
Intimal interstitial fibrosis					
Hyaline arteriosclerosis					

Comments:

Liver biopsy - Result

Wedge ☐
Needle ☐

Macro steatosis: _____ **%**
Micro steatosis: _____ **%**

Comments:

Other biopsy - Result

Specimen: _____

Comments:

Biopsy done by: _____ **Signature :** _____
(name in print letters)

Date and time: _____ _____ : _____
YYYY-MM-DD hh:mm

Please, inform the Transplant Québec's coordinator-clinical advisor

at the following number: (_____) _____

and fax this form at the following number: (_____) _____ .