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, hydronephrosis, 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