|  |  |  |
| --- | --- | --- |
| BDRLcolor | Bone Diagnostic and Research LaboratoryUniversity of Kentucky Medical Center800 Rose Street, MN577 Lexington, KY 40536-0298Phone: 859-323-2670Fax: 859-323-0232 | **PATIENT INFORMATION** |
| LAST | FIRST | MI |
| DATE OF BIRTH  | AGE | SEX | RACE | PATIENT I.D. # |
| **REFERRING PHYSICIAN** | **BILLING INFORMATION** |
| NAMES(s) | INSTITUTION: |
| STREET ADDRESS  | TELEPHONE | STREET ADDRESS | TELEPHONE |
| CITY | STATE | ZIP CODE: | CITY | STATE | ZIP CODE |
| **Report to be sent to:**  |
| **CLINICAL HISTORY:** |
| **In dialysis patients: [ ] HD [ ] CAPD [ ] Other D. Dialysis vintage: [ ] Fractures** **Surgery: [ ] PTX [ ] Renal transplant [ ] Ovariectomy [ ] Other Date:**  **[ ] Diabetes Type: [ ] Smoking [ ] ETOH [ ] Exercise** |
| **BONE MINERAL CONTENT:** |  |  |
|  |  |  |
| **BIOCHEMICAL TESTS:** |
|  | DATE | NORMAL |  | DATE | NORMAL |
| **Calcium i.s.:…………………………….****Phosphorus i.s.:……………………….****Creatinine i.s.:…………………………****Creatinine Clearance:………………..****Urinary Calcium/Creatinine:………..****Urinary Phosphorus/Creatinine:….****Others:**  | **25(OH):………………………….****1.25(OH):………………….........****PTH:……………………………..****BSAP:………………………......****Osteocalcin:…………………...** |
| **MEDICATIONS:** |
| DOSE DURATION**[ ] Calcium:****[ ] Antacids:****[ ] Anticonvulsants:** | DOSE DURATION**[ ] Vitamin D**  **Metabolites:****[ ] Bisphosphonate:****[ ] Teriparatide:** | DOSE DURATION**[ ] Hormones:****[ ] Diuretics:** **[ ] Others:** |
| **REASON FOR BIOPSY:** |  |
| **SPECIMEN OR SITE SOURCE:** |  |
| **TETRACYCLINE LABELLING OF BONE:** |
| **Drug** | **Dose** | **Days** | **Date of Biopsy** |