



Please place collection kit
barcode here.

BLUE FIELDS ARE REQUIRED

DATE OF SAMPLE COLLECTION (MM/DD/YY) _____

PATIENT INFORMATION

Patient Last Name _____
Patient First Name _____
Date of Birth (MM/DD/YY) _____
Sex Assigned At Birth F M

Patient Email _____
Telephone

Address City Country
Patient Ethnicity African American/Black Caucasian/Non-Hispanic White East Asian French Canadian
 Hispanic/Latin American Ashkenazi Jewish Southeast Asian Other _____
 Mediterranean Sephardic Jewish South Asian Choose not to disclose

ORDERING CLINICIAN

Clinic or Organization _____
Telephone

Ordering Clinician Name _____
Natera LIMS ID

Address City Country

Clinician Email Fax

TEST ORDERING

Sample Type Blood Saliva
Report Variants of Unknown Significance Yes No

Sample Requirements: One 6mL lavender-top BD Vacutainer® K2 or K3 EDTA blood tube or 2mL Oragene® saliva tubes/ORAcollectDx OCD-100/100A **Note:** Renasight is contraindicated for recipients of allogeneic bone marrow transplants.

For comprehensive list of genes to be tested, please refer to the following link: www.natera.com/renasight-genes

CKD Stage:
 Stage 1 (N18.1) Stage 2 (N18.2) Stage 3a (N18.31) Stage 3b (N18.32) Stage 4 (N18.4) Stage 5 (N18.5) End stage renal disease (N18.6) No known CKD

ICD-10 Code:

- Q61.5 Autosomal dominant tubulointerstitial kidney disease
- Q87.81 Alport syndrome
- E83.59 Calcium metabolism disorders
- N20.0 Calculus of kidney
- N18.9 Chronic kidney disease, unspecified
- Q63.9 Congenital malformation of kidneys
- E72.01 Cystinuria
- E87.8 Electrolyte and fluid balance disorders
- E75.21 Fabry disease
- Z84.1 Family history of disorders of kidney and ureter
- M10.30 Gout due to renal impairment
- R31.9 Hematuria, unspecified
- D59.32 Hereditary hemolytic-uremic syndrome
- N07.1 Hereditary nephropathy, FSGS
- I12.9 Hypertensive chronic kidney disease, stages 1-4
- I12.0 Hypertensive chronic kidney disease, stage 5 or ESRD
- E87.6 Hypokalemia
- N25.89 Impaired renal tubular function
- Z52.4 Kidney donor
- Z94.0 Kidney transplant
- N05.A Nephritic syndrome with C3G
- N05.6 Nephritic syndrome with dense deposit disease
- N25.1 Nephrogenic diabetes insipidus
- N04.9 Nephrotic syndrome
- Q61.2 Polycystic kidney, adult type
- Q61.19 Polycystic kidney, infantile type
- R35.89 Polyuria
- R80.9 Proteinuria, unspecified
- N15.8 Renal tubulo-interstitial diseases
- E11.21 Type 2 diabetes mellitus with diabetic nephropathy
- Other ICD-10 Code: _____

PATIENT HISTORY

Is patient being evaluated for a kidney transplant? Yes No Unknown
uACR _____ mg/g Serum Creatinine _____ mg/dl
uPCR _____ mg/mg Total Kidney Volume _____ ml
Hematuria Yes No
Does a first degree relative have chronic kidney disease? Yes No
Kidney biopsy Yes No Unknown
Kidney biopsy–diagnosis _____

SAMPLE PROCESSING AUTHORIZATION

By signing below, ordering clinic / laboratory confirms that the patient has given informed consent in compliance with applicable law in its jurisdiction to enable Natera and/or its contractor(s) to perform the ordered tests(s), including in the United States.

Ordering Clinician Authorized Signature _____
Date