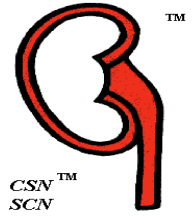


CANADIAN SOCIETY OF NEPHROLOGY



Dear Dr.

Thank you for referring your patient \_\_\_\_\_ with reduced renal function, for Nephrology consultation.

To ensure that your patient's visit is scheduled appropriately, please send the following:

- serial eGFR results (or serum creatinine levels along with patient age and gender)
- serial results of urine ACR or PCR (albumin to creatinine ratio or protein to creatinine ratio)
- urinalysis
- ultrasound of abdomen (to assess kidney size, symmetry and rule out obstruction)
- electrolytes, glucose
- CBC
- blood pressure readings over the last 6 months
- other tests:

These results help us to identify patients at highest risk of further renal decline; this includes:

- those with progressive loss of kidney function
- those with persistent significant proteinuria (2 out of 3 samples showing dipstick positive protein, ACR > 60 mg/mmol, or PCR > 100 mg/mmol).

Please contact me directly if you feel an urgent consultation is warranted for other reasons (such as systemic symptoms, severe volume overload, acidosis or hyperkalemia not responsive to medical management or other factors).

Thank you for helping me provide optimal care for your patient,

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Nephrologist

*Serial testing of kidney function is required to fully assess renal status. A calculated eGFR is preferred (except in cases of a markedly abnormal body composition such extreme obesity, cachexia or amputation). Urine albumin or protein excretion can be quantified with either a urine albumin to creatinine ratio (ACR) or a urine protein to creatinine ratio (PCR). 24 hour urine collections are not routinely required.*

*These repeat tests should be performed within 1-3 months of identification.*

**For more on the care and referral of adult patients with reduced renal function see the CSN position paper on this topic at [www.csnsn.ca](http://www.csnsn.ca)**