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**Histopathology (Remuzzi) Report**

[Comments]

**ODT Donor Number Kidney:** [ ]  **Left**

[ ]  **Right**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |
|  |

**Donor Date of Birth**

**Donor Hospital**

**Histopathology Specimen Number**

**Processing (Scanning) Centre – please select:**

|  |  |  |
| --- | --- | --- |
| [ ]  Cambridge | [ ]  Birmingham | [ ]  Edinburgh |
| [ ]  Leeds | [ ]  Newcastle | [ ]  Royal Free, London |

**GLOMERULI *(G)***

**Remuzzi Grade *(G)***

0 - 2% 0 [ ]

>2 - <20% 1 [ ]

20 - 50% 2 [ ]

>50% 3 [ ]

|  |  |
| --- | --- |
| Number of glomeruli |  |
| Number of globally sclerosed glomeruli |  |
| Percentage globally sclerosed |  |

**TUBULAR ATROPHY *(TA)***

**Remuzzi Grade *(TA)***

0 - 5% 0 [ ]

6 - <20% 1 [ ]

20 - 50% 2 [ ]

>50% 3 [ ]

|  |  |  |
| --- | --- | --- |
| Please indicate % TA |  | *Complete if % TA is in this category* |
| ≤5% |[ ]   |  |
| 6-15% |[ ]   |  |
| 16-25% |[ ]   | <20% [ ] ≥20% [ ]  |
| 26-35% |[ ]   |  |
| 36-45% |[ ]   |  |
| 46-55% |[ ]   | ≤50% [ ] >50% [ ]  |
| 56-65% |[ ]   |  |
| 66-75% |[ ]   |  |
| >75% |[ ]   |  |

**INTERSTITIAL FIBROSIS *(IF)***

**Remuzzi Grade *(IF)***

0 - 5% 0 [ ]

6 - <20% 1 [ ]

20 - 50% 2 [ ]

>50% 3 [ ]

|  |  |  |
| --- | --- | --- |
| Please indicate % IF |  | *Complete if % IF is in this category* |
| ≤5% |[ ]   |  |
| 6-15% |[ ]   |  |
| 16-25% |[ ]   | <20% [ ] ≥20% [ ]  |
| 26-35% |[ ]   |  |
| 36-45% |[ ]   |  |
| 46-55% |[ ]   | ≤50% [ ] >50% [ ]  |
| 56-65% |[ ]   |  |
| 66-75% |[ ]   |  |
| >75% |[ ]   |  |

**ARTERIES *(A)***

**NOTE:** Score based on arteries only. If severe arteriolar changes then mention as other adverse feature in comments.

|  |  |
| --- | --- |
| Number of arteries |  |

**Remuzzi Grade *(A)***

Normal 0 [ ]

Wall thickness less than (<) lumen diameter 1 [ ]

Wall thickness equal or slightly greater than (>) lumen diameter 2 [ ]

Wall thickness much greater than (>) lumen diameter 3 [ ]

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**REPORTING PATHOLOGIST:**

**DATE: TIME:**

|  |  |  |  |
| --- | --- | --- | --- |
| **REMUZZI SCORE****(*G* + *TA* + *IF* + *A*)** | = |  | / 12 |

**ADEQUACY**

[ ]  Adequate (≥ 25 glomeruli AND ≥ 2 arteries)

[ ]  Suboptimal (≥ 25 glomeruli AND 1 artery)

[ ]  Inadequate (< 25 glomeruli and/or 0 arteries)

**COMMENTS**

[TYPE HERE]

**REPORTING PATHOLOGIST**

NAME:

|  |
| --- |
|  |

CONTACT TELEPHONE NUMBER (IN CASE OF QUERIES):

|  |
| --- |
|  |

DATE: TIME:

|  |  |  |
| --- | --- | --- |
|  |  |  |

**PLEASE SUBMIT COMPLETED REPORT TO** **ODTHUB.OPERATIONS@NHSBT.NHS.UK** **(0117 975 7580)**

**AND** **PITHIA@NHSBT.NHS.UK**

CURRENT PRACTICE IN CAMBRIDGE WITH REMUZZI SCORE

≤4 Single transplant

5-6 Dual transplant

≥7 Discard