
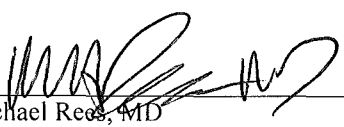



- b. Complete blood count with differential
 - c. Complete metabolic panel
 - d. Coagulation profile (PT/PTT/INR)
 - e. Urinalysis (send for culture if symptoms present or abnormal u/a results.)
 - f. Lipid profile
 - g. Hepatitis Panel
 - h. Cytomegalovirus and Epstein-Barr virus panel
 - i. HIV panel
 - j. Phosphorus
 - k. Uric Acid
 - l. HcG quantitative pregnancy test in women < 55 years.
 - m. HTLV I & II
 - n. TSH
 - o. PSA in males > 40.
4. Serial blood pressure monitoring.
 - a. Six consecutive days of blood pressures at home or family physician's office.
 - b. Hypertension is acceptable only if the blood pressure is well controlled with one oral agent. The potential donor must then get medical clearance from his/her Primary Care Physician, or a UTMC Nephrologist.
 5. The potential donor will then meet with the Living Donor Coordinator. The Living Donor Coordinator and potential donor will review and sign the living donor informed consent.
 - a. The consent form for potential living kidney donors will provide the potential donor with the telephone number for reporting grievances to the OPTN.
 6. Twp separate 24 hours urine collections for Protein and Creatinine Clearance, Chest x-ray, and EKG.
 7. Psychosocial evaluation with a social worker; see policy for psychosocial evaluation of potential living kidney donors (#3364-140-05).
 8. Pelvic exam and pap smear for all women.
 9. Mammogram for women > 40 years of age or as appropriate based on family risk factors.
 10. Colonoscopy for all donors > 50 years of age, or as appropriate based on family risk factors.
 11. Cardiovascular testing:
 - a. Cardiac Clearance for all donors > age 50.
 - b. Cardiac Stress test for all donors > age 50.
 - c. Additional cardiac testing at the discretion of the cardiologist or donor surgeon
 12. Genetic testing will be ordered at the discretion of the donor surgeon if there is a family history of Polycystic Kidney Disease. After compatibility is determined, a CT angiogram will be obtained to rule out evidence of PKD in the donor.
 13. Tuberculin Test
 14. CT Angiogram of Abdomen and Pelvis on all donors
 15. Interview with donor and donor surgeon:
 - a. This could take place in the early stages (e.g., after general physical exam, blood type compatibility determination, urinalysis, CBC, SMAC20) especially if the donor has many questions related to risks of surgery or work up or if there are questions of suitability of a person to be donor.

- b. This could take place after all the work up is completed but preferably before doing the angiogram.
 - c. After interview with donor surgeon, the donor surgeon and/or living donor coordinator will inform the potential donor of any referrals needed for other procedures and/or consults. Follow-up for any additional procedures and/or consults will be followed up by the living donor coordinator.
16. Once all of the tests are completed and found acceptable, the donor surgeon reviews findings. Patient is presented at Transplant Committee. Arrangements should be made to proceed with live donor transplantation if donor is found to be acceptable.

<p>Approved by:</p> <div style="margin-bottom: 15px;">  <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Norma Tomlinson, RN, MSN, NE-BC Associate Vice President Associate Executive Director </div> <div style="margin-bottom: 15px;">  <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Michael Rees, MD Director, Renal Transplant Program </div> <div style="margin-bottom: 15px;">  <hr style="border: 0; border-top: 1px solid black; margin: 0;"/> Steven Selman, MD Administrative Director, Renal Transplant Program </div> <p><i>Review/Revision Completed By: Transplant Administrator</i></p>	<p>Review/Revision Date:</p> <p>12/7/07 2/21/08 12/3/2008 2/6/2009 1/12/2010</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Next Review Date: 1/1/2013</p>
<p>Policies Superseded by This Policy:</p>	

Living Donor Blood Type Verification

Donor Info:

Name: _____ DOB _____

ABO: #1 _____ ABO: #2 _____

Date: _____ Date: _____

Blood Type Entered on Living Donor Feedback Form: _____

Verified using source documents:

Person Entering Data: _____
Signature date/time

Transplant Coordinator: _____
Signature date/time

University of Toledo Medical Center

Potential Renal Donor Medical History Screening Form

LABS

Date: _____ SS#: _____ Age : _____

Name: _____ Date of Birth _____

Address _____
(street & Apt. #) (City) (State)

Home Phone: (____) _____ Work Phone: (____) _____

Height: _____ Weight: _____ Sex _____

Marital Status: (circle one) Single Married Divorced Separated Widowed

Military Service: _____

What type of work do you do? _____

Number of Children: _____ Name _____ Age _____
Name _____ Age _____
Gestational DM Y N Name _____ Age _____
Name _____ Age _____

Health of Children _____

Female donor educated on cessation of birth control or hormone replacement therapy.

Have you ever been treated for any of the following? (circle)

Anemia	Yes	No	Cancer	Yes	No
Bladder Infection	Yes	No	Blood Disorders	Yes	No
Pancreatitis	Yes	No	Tuberculosis	Yes	No
Kidney Infection	Yes	No	Bleeding Problems	Yes	No
Hepatitis	Yes	No	Diabetes	Yes	No
Kidney Stones	Yes	No	Herpes	Yes	No
Liver Disease	Yes	No	Hypertension	Yes	No
Lupus	Yes	No	Psychological	Yes	No
Asthma	Yes	No	ABO	_____	

KIDNEY DONOR INFORMATION

Do you have Health Insurance? Y N

Do you have Dental Insurance? Y N

Do you follow a dentist routinely? Y N

Current Medications

Past Medical/Surgical History

Allergies: _____

Family Physician: _____

Social History (Personal)

Smoker: Yes No How much: _____ How long: _____ Date Quit: _____

Alcohol use: Yes No How much: _____ How often: _____

Drug Use: Yes No How much: _____ Quit Date: _____

Family History

- Cancer Hypertension
- Asthma Psychological
- Diabetes Blood Disorders
- Cardiac Other

Why do you want to become a kidney donor?

Would you be interested in the PEP? YES NO

Do you have limits on travel? YES NO

Do you wish to remain anonymous? YES NO

Recipient Information:

Recipient Name: _____ Relationship: _____