



Hospital	SGH	Consultant	Cathie Lane						
Name:									
DOB:	MRN:								
<u>Contact Detail</u> Address: Contact: (h) Email: NOK:	<u>S</u>	(m)							
Drug allergies: none recorded Food/other allergies/intolerances: none recorded Alerts: none recorded									
Height:	Weight:	BMI:	Waist circumference:						
Recipient cause of renal failure and current GFR:									
<u>Medical History</u> : Hypertension - Yes/No Smoking History - Never/Former/ current <u>Surgical History:</u>									

## Date of last Red Cross Report:

Donor Reviews	Date	Comments
Coordinator education		
POW nephrologist		
Local cardiologist		If clinically indicated
Psychiatrist/ social worker/psychologist		
Live donor meeting		
Urologist		

## **Other Issues:**

Patients Name:										
Blood Tests	DATE	RESULT				Blood Tests	DATE	RESULT		
ABO Group						HIV Ab				
Creatinine / eGFR						HBsAg, HBsAb, HBcAb		HBsAg:	HBsAb:	HBcAb:
Elects, LFT						Hep C Ab				
FBC						CMV IgG Ab				
Coagulation Profile						EBV IgG Ab				
HbA1c & Fasting BSL						HSV Ab 1&2				
Lipids			LDL:	HDL:	Trig:	HTLV Ab 1&2				
Quantiferon Gold (TB)		Required for ANZKX	<			Strongyloides serology				
										*Indication
PSA*										Men >50 Years
Glucose Tolerance Test*										FH/BMI>30/impaired in pregnancy
Beta-hCG*										At baseline for childbearing age
Urine Tests										
Micro Urine C & S										
ACR										
24 hr Creat Clearance										
24 hr Protein										
Renal Imaging										
Renal Ultrasound										
Nuclear Med: DTPA		L:	R:		GFR:					
Nuclear Med: DMSA*										If >5% function difference on DTPA
CT Renal Angiogram										
Cardiac Screening										
ECG										
24Hr ABPM*										If clinically indicated
Cardiac Echo*										If clinically indicated
Cardiac Stress Test*										If clinically indicated
Medical Background										
Chest X-ray										
Mammogram*										
Cervical Screening*										
FOBT*										
Stage 1 tissue typing*										
* Mammogram: All >50yrs, or >40yrs if they: have a first-degree relative (a person's parent, sibling or child) diagnosed with breast cancer < 50yrs; OR are assessed by BreastScreen NSW and/or their doctor as										
being 'High Risk (Category 3)', using the Familial Risk Assessment – Breast and Ovarian Cancer tool, developed by Cancer Australia										
* Cervical screening: 5yrly standard risk. Increased screening for previous abnormality/cancer of the cervix or HPV positive on past cervical screen										

\*FOBT: FOBT x3 for all >50yrs standard risk. Colonoscopy if FOBT+, FH of colorectal cancer or polyposis, past colon adenoma, inflammatory bowel disease or PR bleeding