LIVE DONOR ASSESSMENT CHECKLIST

Hospital SGH **Consultant** Cathie Lane

Name:

DOB: **MRN:**

Contact Details
Address: Email:
Phone number:
NOK:
GP name & address:

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:

Medical History: hypertension -; smoking history –

Surgical History:

Date of last Red Cross Report:

Donor Reviews	Date	Comments
Coordinator first contact date		
POW nephrologist		
Local cardiologist		If clinically indicated
Psychiatrist/SW/psychologist		
Medical consent for live donor transplant signed with nephrologist		
Live donor meeting		
Urologist		

Other Issues:

Patients Name:						
Blood Tests	**DATE**	**RESULT**	**Blood Tests**	**DATE**	**RESULT**	
ABO Group			HIV Ab			
Creatinine / eGFR		Yearly	HBsAg, HBsAb, HBcAb			
Elects, LFT		Yearly	Hep C Ab			
FBC		Yearly	CMV IgG Ab		Recheck with NAT if negative	
Coagulation Profile		Yearly	EBV IgG Ab		Recheck with NAT if on AKX if negative	
Lipids		Fasting yearly	HSV Ab 1&2			
HbA1c & Fasting BSL			HTLV Ab 1&2			
Glucose Tolerance Test*		* People with FH of DM/BMI>30/Impaired in pregnancy	Strongyloides serology			
bHcG*		* At baseline for women of childbearing age	Syphilis serology			
PSA*		* Men >50 Years	Quantiferon Gold (TB)			
Urine Tests						
Micro Urine C & S						
ACR / PCR						
24hr creatinine clearance						
24hr protein						
Renal Imaging						
Renal Ultrasound						
Nuclear Med: DTPA						2nd yearly or as per nephrologist
Nuclear Med: DMSA						If >5% function difference on DTPA
CT Renal Angiogram						Repeat every 3 years
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						Women >40 Years old
Cervical Screening						5 Yearly
FOBT						>50
Colonoscopy						If FOB +, FH or PR bleed
Dermatologist						
Tissue typing & titres						
Stage 1 tissue typing						
ABO titres						If bood group incompatible
Stage 3 tissue typing						