



Australian Government

Australian Organ and Tissue Donation and Transplantation Authority

Australian paired Kidney eXchange (AKX)

Donor Registration Form

Paired Donation: Living Kidney Donor Registration

Referral Centre:		State:		Transplant Centre:	
Nephrologist:		Phone:		email:	
Transplant nurse:		Phone:		email:	

Donor Details:										SECTION 1									
Surname:										Sex:		Male = 1				Female = 2			
First name:						Middle name:													
First Name:					Middle Name:														
Date of Birth:		(Age ≤ 70years)										Altruistic Donor:		Yes / No					
Donor registered with NOMS			Yes			No													
NOMS Donor ID Number:																			
Donor - Suitability Assessment:										SECTION 2									
Height (cm):				Weight (kg):				BMI (kg/m ²):				Blood Group:							
History of hypertension:																			
Blood Pressure _____/_____ mmHg																			
Hypertension <input type="radio"/> no <input type="radio"/> yes																			
On current medication <input type="radio"/> no <input type="radio"/> yes																			
If yes, no. of drugs <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> ≥3																			
Glycaemic status (diabetes excludes from donation):																			
Impaired fasting glucose <input type="radio"/> no <input type="radio"/> yes																			
Impaired glucose tolerance <input type="radio"/> no <input type="radio"/> yes																			
History of renal stone disease:																			
Previous history <input type="radio"/> no <input type="radio"/> yes																			
If yes, recurrent <input type="radio"/> no <input type="radio"/> yes																			
If yes, when last date: __/__/__																			
History of malignancy:																			
Malignancy <input type="radio"/> negative <input type="radio"/> positive date: __/__/__																			
(accepted: Colon cancer Dukes A >5 yr ago, Non-melanoma skin cancer, Carcinoma <i>in situ</i> of the cervix)																			
Colon Cancer Dukes A > 5 years ago <input type="radio"/> no <input type="radio"/> yes date: __/__/__																			
Non-melanoma skin cancer <input type="radio"/> no <input type="radio"/> yes date: __/__/__																			
Carcinoma <i>in situ</i> of the cervix <input type="radio"/> no <input type="radio"/> yes date: __/__/__																			
Other – specify type _____ <input type="radio"/> no <input type="radio"/> yes date: __/__/__																			
Screening for malignancy in individuals age >50 years:																			
Pap smear for women date: __/__/__ <input type="radio"/> negative <input type="radio"/> positive																			
Mammogram for women date: __/__/__ <input type="radio"/> negative <input type="radio"/> positive																			
Bowel cancer testing kit for all date: __/__/__ <input type="radio"/> negative <input type="radio"/> positive																			

Virology:

CMV	<input type="radio"/> negative	<input type="radio"/> positive	date: __/__/__
EBV	<input type="radio"/> negative	<input type="radio"/> positive	date: __/__/__
HIV	<input type="radio"/> negative	<input type="radio"/> positive	date: __/__/__
Hepatitis B surface antigen	<input type="radio"/> negative	<input type="radio"/> positive	date: __/__/__
Hepatitis B core antibody	<input type="radio"/> negative	<input type="radio"/> positive	date: __/__/__
Hepatitis C antibody	<input type="radio"/> negative	<input type="radio"/> positive	date: __/__/__

Kidney function and anatomy

Serum creatinine _____µmol/l

Urine protein/creatinine ratio _____mg/µmol (acceptable <30mg/µmol) or

Proteinuria _____mg/24h (acceptable <300mg/24h)

Nuclear-GFR _____ ml/min (min. 80ml/min, absolute and not per BSA).

- Method: 51Cr-EDTA 99Tc-DTPA

- Split function: Right _____% Left _____% (acceptable range 45-55%)

CT Angiogram renal arteries: Yes, No date: __/__/__Collecting System method: KUB at conclusion of CTA or IVP

Kidney size: Left _____cm Right _____cm

No. of kidney arteries: Left 1 2 3 Right 1 2 3

Branching within 15mm

from Aorta no yes no yes

Length of renal vein: Left _____cm Right _____cm

Ureter: Left single, double Right single double

Medical review date: __/__/__

Surgical review date: __/__/__

Psychological review date: __/__/__

Donor Status on AKX List:**SECTION 3****Status required for potential donor on paired donation list:**

Active = 1

Suspended = 2

Removed = 3

If donor is being suspended or removed from the list, please specify reason:**Recipient Details:****SECTION 4****Recipient Surname:****Sex:**

Male = 1

Female = 2

Recipient First name:**Date of Birth:****NOMS Recipient ID:****Pre-emptive:**

Yes

No

(if applicable)

Donor - Recipient Information:**SECTION 5**

Relationship of incompatible donor to potential recipient:

1 = Spouse 2 = Parent 3 = Sibling 4 = 1st degree relative 5 = Friend 6 = Other (please SPECIFY)

Is the potential donor blood group incompatible with the potential recipient:

No = 1

Yes = 2

Is the potential donor HLA antibody incompatible with the potential recipient (ie. positive c/match?)

No = 1

Yes = 2

Not tested = 7

