

**The Christ Hospital Health Network – Transplant Center
Living Donor Selection Criteria**

Donor Name _____ DOB _____ MRN _____

Indications for Donation:

Yes	No	Voluntary and appropriate motivation
Yes	No	Normal renal function (creatinine clearance greater than or equal to 80)
Yes	No	Patient capable of understanding the “Living Kidney Donor Informed Consent for Evaluation” and the “Living Kidney Donor Consent” which reviews risks associated with donation and complications

Absolute Contraindications:

Yes	No	Evidence of untreated TB
Yes	No	History of cancer within the last 5 years (other than non melanoma skin cancer) or incomplete treatment of malignancy
Yes	No	Current Illegal drug use (excluding marijuana)
Yes	No	Diabetes
Yes	No	Hypertension requiring greater than one drug therapy
Yes	No	Age < 20 years unless extenuating circumstances documented or > 70 years
Yes	No	Pregnancy in last 6 months or plan to become pregnant in next 6 months
Yes	No	Morbid obesity with BMI > 35 kg/m ²
Yes	No	Cardiac Disease or any other disease associated with an unacceptable risk for surgery
Yes	No	Uncontrolled psychiatric disorder: evidence of suicidality or attempt in past 3 years
Yes	No	Stage 1 CKD as evidenced by unexplained hematuria or proteinuria
Yes	No	Suspicion of financial exchange or other incentive between donor and recipient
Yes	No	Incarceration or restrictive diversion
Yes	No	Kidney disease including PKD
Yes	No	Unfavorable anatomy for donor nephrectomy as evident by CTA
Yes	No	African American donors with sickle cell trait
Yes	No	Altruistic donor with any of the following: < 25 years of age, gestational DM, history of preeclampsia if childbearing age

Relative Contraindications:

Yes	No	Evidence of potentially transmissible infectious disease
Yes	No	Financial hardships
Yes	No	Any disease requiring treatment with potentially renal toxic medications
Yes	No	Pre-diabetes or gestational diabetes; history of preeclampsia if childbearing age
Yes	No	Ongoing or recurrent infections
Yes	No	Hypertension, abnormal 24 hour blood pressure monitor, one drug therapy
Yes	No	History of nephrolithiasis or renal cysts
Yes	No	History of suicide attempt (a depression over time not situational)
Yes	No	History of cancer > 5 years ago (other than non melanoma skin cancer)
Yes	No	Current alcohol, marijuana abuse, opioid dependence, or chronic pain management
Yes	No	Any medical, psychosocial, financial, and or other factor identified by the transplant team that is deemed to have the potential to cause poor outcomes post donation

_____ Patient MEETS CRITERIA Comments: Name: _____ Date: _____		_____ Patient DOES NOT MEET CRITERIA Comments: Name: _____ Date: _____	
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