

The Christ Hospital
Kidney Transplant Kidney Donor Work-up Orders
R-3766 Fax to (513) 585-3441 Rev. 07/27/17
Surgeon name
Phone
Fax

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MRN

Patient Name :

Date of Birth

May reach patient at : _____ (ph.)

Healthy Kidney Donor Z00.5

THE CHRIST HOSPITAL - SUITE 130 ONLY

Donor Labs:

- | | | |
|---|---|--|
| <input type="checkbox"/> Hep A IGG (Lab2335) | <input type="checkbox"/> Hep A IGM (Lab2955) | <input type="checkbox"/> HBSAB (Lab2964) |
| <input type="checkbox"/> HBSAG (Lab2965) | <input type="checkbox"/> HBCAB (Lab2958) | <input type="checkbox"/> HCVAB (Lab2968) |
| <input type="checkbox"/> CMV IGG, CMV IGM
(Lab2870) | <input type="checkbox"/> HIV AG/AB Combo Assay
(Lab3004) | <input type="checkbox"/> Rubella IGG IGM
(Lab 3094) |
| <input type="checkbox"/> EBVPROF (Lab2908) | <input type="checkbox"/> VZV, AB IGG (Lab3134) | <input type="checkbox"/> Sickle Cell Prep
(Lab2632) |
| <input type="checkbox"/> Quantiferon Gold TB (Lab8329) | <input type="checkbox"/> RPR with titer - Syphilis (Lab8306) | |
| <input type="checkbox"/> CBC w/diff | <input type="checkbox"/> EP1 | <input type="checkbox"/> Fats (Lipid) |
| <input type="checkbox"/> PT | <input type="checkbox"/> PTT | <input type="checkbox"/> Phosphorus |
| <input type="checkbox"/> Group & Rh (Lab13830) | <input type="checkbox"/> PTAGA1 (Lab5040) | <input type="checkbox"/> LIVP |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Uric Acid |
| | | <input type="checkbox"/> PSA |
| <input type="checkbox"/> 2-hour glucose tolerance test
(Lab2187) using 75 gm glucose | <input type="checkbox"/> A1C (Lab2338) | <input type="checkbox"/> Fasting Glucose |
| | <input type="checkbox"/> G6 PD (Lab2318) if pt has sulfa
allergy | <input type="checkbox"/> Stool hemocult x2 |
| <input type="checkbox"/> Urine C&S clean catch | <input type="checkbox"/> UA clean catch | <input type="checkbox"/> Urinalysis for Transplant patients (Lab2498) |
| <input type="checkbox"/> Urine microalbumin/creatinine ratio (spot sample) (Lab3761) | | |
| <input type="checkbox"/> Spot urine total protein (Lab3774) | <input type="checkbox"/> Spot urine creatinine (Lab3736) | |
| <input type="checkbox"/> Protein/Creatinine Ratio – Urine (Lab3785) | | |

24 Hour Urine:

Ht. _____ **Wt.** _____

- 24 TP (Lab3773) 24 Creat (Lab3735) 24 CreatCl (Lab3734) EP1

X-ray: Chest PA & Lateral **Reason:** Z00.5 Other: _____

EKG **Reason:** Z00.5 Other: _____

Histoplasma Urine, AG (Lab2989)

Strongyloides Ab (Lab3109)

Fax order sheet to 513-585-0433 after testing completed

Transplant Case Manager:

Tricia Monson, RN 585-1440 **Jessica Enzweiler, RN** 585-1427

Physician Signature _____ Date/Time: _____

