

The Christ Hospital
 Kidney Transplant Recipient Work-up Orders
 R-3764 Fax to (513) 585-3441 Rev. 07/27/17
 Surgeon name
 Phone
 Fax

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Patient Name :

Date of Birth

May reach patient at : _____ (ph.)

Transplant recipient work-up Z01.818 N18.9

THE CHRIST HOSPITAL - SUITE 130 ONLY

Recipient Labs:

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> CBCD | <input type="checkbox"/> EP1 | <input type="checkbox"/> LIVP | <input type="checkbox"/> Phos |
| <input type="checkbox"/> Fats (Lipid) | <input type="checkbox"/> PTH (Lab2400) | <input type="checkbox"/> PT | <input type="checkbox"/> PTT |
| <input type="checkbox"/> Group & Rh (Lab13830) | <input type="checkbox"/> AIC | <input type="checkbox"/> PSA | <input type="checkbox"/> C-Peptide |
| <input type="checkbox"/> Uric Acid (Lab2496) | | | |
| <input type="checkbox"/> HBSAB (Lab2964) | | <input type="checkbox"/> HBSAG (Lab2965) | |
| <input type="checkbox"/> HBCAB (Lab2958) | | <input type="checkbox"/> HCVAB (Lab2968) | |
| <input type="checkbox"/> Hepatitis A IgG, IgM (Lab2335+ Lab2955) | | <input type="checkbox"/> CMV IgG, CMV IGM (Lab2870) | |
| <input type="checkbox"/> EBVPROF (Lab2908) | | <input type="checkbox"/> RPR with titer =Syphilis (Lab8306) | |
| <input type="checkbox"/> Varicella AB Igg (Lab3134) | | <input type="checkbox"/> HIV AG / AB Combo Assay (Lab3004) | |
| <input type="checkbox"/> Quantiferon Gold TB (Lab8329) | | | |
| <input type="checkbox"/> Urine C&S clean catch | | <input type="checkbox"/> Urinalysis for Transplant patients (Lab2498) | |
| <input type="checkbox"/> Urine protein and creatinine with ratio (Lab3785) | | | |

24 Hour Urine:

- 24 TP (Lab3773) **Ht.** _____ **Wt.** _____
 24 Creat (Lab3735) 24 CreatCl (Lab3734) EP1

- 2-hour glucose tolerance test (Lab2187) using 75 gm glucose Fasting Glucose
 G6 PD (Lab2318) if pt has sulfa allergy
 FIT

X-ray: Chest PA & Lateral **Reason:** _____

EKG **Reason:** _____

Histoplasma Urine AG (Lab 2989) If patient still voids

Strongyloides AB (Lab 3109)

Histoplasma Quantatative Antigen, EIA serum (Lab8515) if patient does not void

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

Transplant Case Manager:

- | | | | |
|---|----------|--|----------|
| <input type="checkbox"/> Tricia Monson, RN | 585-1440 | <input type="checkbox"/> Tricia Soulas, RN | 585-2596 |
| <input type="checkbox"/> Paula Franckhauser, RN | 585-1423 | <input type="checkbox"/> Jessica Enzweiler, RN | 585-1427 |
| <input type="checkbox"/> Elaine Brown, RN | 585-1269 | <input type="checkbox"/> Sharon Reilman, RN | 585-0216 |

Physician Signature _____ Date/Time: _____

