

The Christ Hospital  
 Kidney Transplant Waitlist Annual Orders  
 R 3765 Fax to (513) 585-0169 Rev. 07/27/17  
 Surgeon name  
 Phone  
 Fax

Page 1 of 1

Patient Name :

Date of Birth

May reach patient at : \_\_\_\_\_ (ph.)

**Transplant recipient work-up** (Waitlist Annual Orders) Z01.818 N18.9

**THE CHRIST HOSPITAL - SUITE 130 ONLY**

**Recipient Labs:**

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> CBCw/diff                                       | <input type="checkbox"/> EP1                                | <input type="checkbox"/> LIVP    |
| <input type="checkbox"/> G6 PD (Lab2318) if patient has<br>sulfa allergy | <input type="checkbox"/> HBSAG (Lab2965)                    | <input type="checkbox"/> PT      |
| <input type="checkbox"/> HBSAB (Lab2964)                                 | <input type="checkbox"/> HCVAB (Lab2968)                    | <input type="checkbox"/> PTT     |
| <input type="checkbox"/> HBCAB (Lab2958)                                 | <input type="checkbox"/> PSA                                | <input type="checkbox"/> INR     |
| <input type="checkbox"/> CMV IgG, CMV IGM (Lab2870)                      | <input type="checkbox"/> RPR with titer =Syphilis (Lab8306) | <input type="checkbox"/> Hgb A1C |
| <input type="checkbox"/> EBVPROF (Lab2908)                               | <input type="checkbox"/> HIV AG / AB Combo Assay (Lab3004)  |                                  |
| <input type="checkbox"/> Varicella AB Igg (Lab3134)                      | <input type="checkbox"/> PTHCA (Lab2402)                    |                                  |
| <input type="checkbox"/> Fats (Lipid) fasting                            | <input type="checkbox"/>                                    |                                  |
| <input type="checkbox"/> HCV Quant                                       | Other _____   |                                  |
| <input type="checkbox"/> Quantiferon Gold TB (Lab8329)                   |   |                                  |

- Urine C&S clean catch     UA clean catch
- Urinalysis **for Transplant patients** (Lab2498) *if able to void*
- Spot urine total protein(Lab3774)                       Spot urine creatinine (Lab3736)
- 24 Hour Urine:**                      **Ht.** \_\_\_\_\_                      **Wt.** \_\_\_\_\_
- 24 TP (Lab3773)                       24 Creat (Lab3735)                       24 CreatCl (Lab3734)                       EP1
- Stool hemocult x2

**X-ray:**  Chest PA & Lateral                      **Reason:** \_\_\_\_\_

**EKG** reason: \_\_\_\_\_

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

Transplant Case Manager:     Paula Franckhauser, RN                      513-585-1423

**Physician Signature** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

