

Patient Name :

Date of Birth

May reach patient at : _____ (ph.)

Recipient Work-up Z01.818 N18.9 Healthy Kidney Donor Z00.5

THE CHRIST HOSPITAL - SUITE 130 ONLY

Hypercoagulable work-up labs:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Protein C Activity, reflex to Ag (Lab2617) | <input checked="" type="checkbox"/> Prothrombin mutation by PCR (Lab2623) |
| <input checked="" type="checkbox"/> Protein S Activity Reflex to Ag (Lab2619) | <input checked="" type="checkbox"/> Cardiolipin AB IgG, IgM, IgA (Lab2792) |
| <input checked="" type="checkbox"/> Homocysteine (Lab2340) | <input checked="" type="checkbox"/> Anti phospholipid AB (Lab2610) |
| <input checked="" type="checkbox"/> Activated Protein C Resistance (Lab2519) | <input checked="" type="checkbox"/> Lupus Anticoagulant with Reflex (Lab2594) |
| <input checked="" type="checkbox"/> Anti -thrombin 3 (Lab2522) | <input checked="" type="checkbox"/> Beta 2 Glycoprotein (Lab2817) |
| <input checked="" type="checkbox"/> MTHFR Gene Mutation (Lab3039) | <input checked="" type="checkbox"/> Factor V Leiden by PCR (Lab2560) |

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: _____

