

TESTS TO SEE IF PATIENT IS POTENTIAL KIDNEY RECIPIENT

Patient Name _____

Name of Nephrologist _____

Dialysis: Y/N. If yes, how many years ____

Underlying Type of Kidney Disease _____

Serum Creatinine Level: _____ Date: _____

Kidney Function (Glomerular Filtration Rate) _____

Number of Previous Transplants ____

PRA (Antibodies) _____%

Weight _____ Height _____ Gender M/F Smoker / Non-smoker

Allergies _____

Other Diseases, if any _____

TEST	DATE	RESULT
Echocardiogram		
Cardiac Nuclear Scan		
Cardiac catheterization		
Chest X-Ray		
EKG		
Doppler of arteries in legs		
PPD		
Pulmonary Function Tests		
HIV		
Anti HCV, HCV PCR		
HBs Ag		
Anti HBC		
Anti HBS		
CMV		
PSA		
Mammogram		
PAP smear		
Other Tests		

Conclusions:
