

## RECIPIENT WORK-UP SHEET

[or patient label]

**Name** \_\_\_\_\_

**Hospital number** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Underlying renal disease** \_\_\_\_\_

**Previous transplant ?** Yes / No

**BMI** \_\_\_\_\_

**Co-morbidities:** Diabetes Yes / No

Hypertension Yes / No

Ischaemic heart disease Yes / No

Cancer Yes / No

Other \_\_\_\_\_

TEST	DATE	RESULT / COMMENT
<b>Blood group</b>		
<b>HLA Type</b> (sample 1)		
<b>HLA Type</b> (sample 2)		
<b>Antibody screen</b> (sample 1)		
<b>Antibody screen</b> (sample 2) (repeat every 3/12)		
<b>VIROLOGY</b> (needs annual repetition if sero-negative)		
<b>HIV</b>		
<b>Hepatitis B</b> (repeat every 3/12)		
<b>Hepatitis C</b> (repeat every 3/12)		
<b>EBV</b>		
<b>CMV</b>		
<b>Varicella-Zoster Virus (VZV)</b>		
<b>Toxoplasma</b>		
<b>Syphilis</b>		
<b>HTLV 1&amp;2</b> (only for: Caribbean / Japan/ or HIV positive)		
<b>Vaccination</b> (HBsAb titre)		
<b>Vaccination</b> (for VZV if seronegative)		
<b>CXR</b> (Biennial)		
<b>ECG – In All</b> (Biennial)		
<b>Echocardiogram</b> - In those with clinical suspicion of a valve defect, cardiac failure or pericardial effusion (e.g: from CXR)		
<b>Iliac artery duplex scan</b> (repeat if change in symptoms or exam findings) (For age>50, BMI>30, abnormal ECG (other than LVH), history of IHD / vascular disease, dialysis >3yrs or previous transplant)		
<b>Iliac vein duplex scan</b> (Biennial) (if previous DVT, groin line or previous transplant nephrectomy)		
<b>Thrombophilia screen</b> (FH= First degree relative) <b>Lupus Anticoagulant</b> (In All), <b>Thrombophilia Markers</b> (in case of FH or PMH of SLE or FH or PMH of DVT/arterial thrombosis, or PMH of fistula thrombosis or recur. miscarriage)		

<b>EXERCISE CAPACITY TESTS</b> <b>(1)</b> If age >50, Diabetes Mellitus, history of IHD / any vascular disease, abnormal resting ECG (other than LVH with ST/T wave changes), dialysis > 3 yrs or previous renal transplant) <b>Myocardial perfusion scan</b>  <b>OR Dobutamine stress test</b>  <b>(2)</b> In Cardiology-led work-up:  <b>May have had other tests: (e.g.: treadmill test, coronary angiography)</b>	Biennial	
<b>Peripheral arterial duplex scan</b> (if claudication at <100 yards or functionally disabling)		
<b>Carotid artery duplex scan</b> (in case of bruit, previous TIA, CVA or amaurosis fugax)		
<b>Ultrasound of native kidneys</b>		
<b>Pre- &amp; Post-micturition bladder ultrasound</b> (in case of urological cause of renal failure or lower urinary tract symptoms)		
<b>PSA</b> (if age>50 OR FH (first degree relative) of prostate cancer or abnormal rectal examination)		
<b>PAP smear test</b> (all women of reproductive age)		
<b>Lung function tests</b> (in case of symptoms of lung disease, thoracic wall deformities)		
<b>Mammogram</b> (women $\geq$ 50 years or FH of breast cancer)		
<b>Upper endoscopy</b> (in case of symptoms of peptic ulcer disease)		
<b>Surgical assessment</b> (Biennial for all patients; annual for complex/older/high risk recipient)		
<b>Dental Appointment / Review</b>		
<b>Attendance at Transplant information talk</b>		