

**Pancreas after Kidney Transplant Referral**

<b>BLOODWORK &amp; URINE TESTS (within the last 6 months of referral date &amp; to be repeated yearly)</b>	
<input type="checkbox"/> ABO Blood Group <input type="checkbox"/> HBsAg, HBsAb, HBcAb <input type="checkbox"/> HCV Ab <input type="checkbox"/> HIV Ag and Ab <input type="checkbox"/> HTLV 1 and HTLV 2 <input type="checkbox"/> CMV IgG / EBV IgG <input type="checkbox"/> VDRL <input type="checkbox"/> TB skin test <input type="checkbox"/> Sickle Cell Screen – For Black patients or patients with genetic origins in the Eastern Mediterranean or Indian subcontinent <input type="checkbox"/> Polyoma PCR	<input type="checkbox"/> Fasting Blood Sugar <input type="checkbox"/> HgbA1c <input type="checkbox"/> CBC, INR, PTT <input type="checkbox"/> Electrolytes, Urea, Creatinine, eGFR <input type="checkbox"/> Cholesterol/Triglycerides, HDL/LDL <input type="checkbox"/> Calcium; Magnesium; Phosphate; Albumin <input type="checkbox"/> Total Protein, Lipase <input type="checkbox"/> ALT, ALP, Bilirubin <input type="checkbox"/> PTH <input type="checkbox"/> C-Peptide <input type="checkbox"/> 8AM fasting cortisol <input type="checkbox"/> TSH <input type="checkbox"/> 24-Hour Urine for CrCl & Protein x2 <input type="checkbox"/> Urine R&M, C&S, Cytology
<b>TESTS (within the last year of referral date)</b>	
<input type="checkbox"/> Chest X-ray PA/Lateral <input type="checkbox"/> ECG 12 lead ( <i>tracing must be included</i> ) <input type="checkbox"/> 2D Echocardiogram ( <b>repeat yearly</b> ) <input type="checkbox"/> Exercise Stress – MIBI ( <i>if pt unable then a Persantine Thallium or Dobutamine Stress Echo* is acceptable</i> ) ( <i>should be within the year and then repeated yearly</i> ) <input type="checkbox"/> Carotid Dopplers	<input type="checkbox"/> Abdominal Ultrasound <input type="checkbox"/> If angiogram done, please send report <input type="checkbox"/> Discharge summary following Kidney Transplant <input type="checkbox"/> O.R. Note – i.e. transplant surgery <input type="checkbox"/> All pathology reports e.g. Kidney biopsy <input type="checkbox"/> Ankle Brachial Indices (Vascular lab at Victoria Hospital) <input type="checkbox"/> CT abdo/pelv NC (fellow to order)
<b>OTHER</b>	
<input type="checkbox"/> Height _____ and Weight _____ <input type="checkbox"/> eGFR by MDRD (must be >60) <input type="checkbox"/> Note from Ophthalmologist re: stability of retinas <input type="checkbox"/> Note from Endocrinologist <input type="checkbox"/> Cardiology consult	<input type="checkbox"/> Diabetic Questionnaire <input type="checkbox"/> Current medication list <input type="checkbox"/> Cancer Screening – please sent reports: <input type="checkbox"/> PAP smear, mammogram, PSA, colonoscopy as per Ontario Guidelines

**REFERRAL PROCESS:**

Please send with a **REFERRAL LETTER** from the **Endocrinologist** including patient's complete demographics to:

**Lisa Knight, RN - T (519) 685-3851 F (519) 663-3858**

**Peggy Kittmer, RN - T (519) 685-8500 ext. 32331 F (519) 663-3858**

**Transplant Recipient Coordinators**

**University Hospital, London Health Sciences Centre, London, ON, N6A 5A5**

After receiving all this information, we will then contact the patient and set up appointments as soon as possible. We will consider the patient's travel time; however, 1-2 trips to LHSC may be required to complete the assessment process.