

London Appendix to Kidney Transplant Referral Form

Background:

The Ontario Trillium Gift of Life Network (TGLN) has decided to create one kidney transplant referral form for the province. This is being done to standardize the workup as much as possible for all patients in Ontario.

The surgeons and Nephrologists have reviewed this referral form and have made a couple adjustments for the patients that are referred to London.

Test that can be omitted:

- Oral glucose tolerance test (OGTT)

Tests to be added:

- Doppler ultrasound of iliac and femoral vessels
- Urine for cytology

Additional information requested:

- Please continue to have the patients complete a **preoperative questionnaire**
- Has the patient ever required a blood transfusion? YES NO
 - If yes. How many total in their lifetime? _____
 - If yes. What was the date of their most recent blood transfusion? _____

***Note: The doctors have decided that dental clearance will no longer be required. However, if there is a known dental issue i.e. abscess, infection, or required extraction this needs to be resolved prior to transplant.**

For Patients Being Referred for Kidney/Pancreas (KP) Transplant

TGLN is not standardizing the referral tests for KP transplant referrals. These additional tests are the same as what we have historically required:

Investigation	Date	Enclosed
Amylase, Lipase		
HgbA1C		
Fasting c-peptide		
Fasting glucose		
8am fasting cortisol		
TSH		
Carotid Doppler for intimal thickness		
Ankle brachial indices (vascular flow lab at south street if booking in London)		

Also please include:

- Patient Diabetes Questionnaire
- Note from Ophthalmologist regarding stability of retinopathy
- Name of Endocrinologist following patient _____
- Name of cardiologist if seen in past _____