Pancreas Transplant Alone Referral

BLOODWORK & URINE TESTS (within the last 6 months of referral date & to be repeated yearly)	
❑ ABO Blood Group ❑ HBsAg, HBsAb, HBcAb ❑ HCV Ab ❑ HIV Ag and Ab ❑ HTLV 1 and HTLV 2 ❑ CMV IgG / EBV IgG ❑ Varicella Zoster – If **neg** and not on immune-suppression needs **vaccination** followed by **titre** in 1 month ❑ VDRL ❑ Measles, mumps, rubella titres. If **neg,** needs booster and **repeat titre** in 1 month ❑ TB skin test ❑ Sickle Cell Screen – For Black patients or patients with genetic origins in the Eastern Mediterranean or Indian subcontinent ❑ Polyoma PCR	❑ Fasting Blood Sugar, HgbA1c ❑ CBC, INR, PTT ❑ Electrolytes, Urea, Creatinine, eGFR ❑ Cholesterol/Triglycerides, HDL/LDL ❑ Calcium; Magnesium; Phosphate; Albumin ❑ Total Protein, Lipase ❑ ALT, ALP, Bilirubin ❑ PTH ❑ C-Peptide ❑ 8AM fasting cortisol ❑ TSH ❑ 24-Hour Urine for CrCl & Protein x2 ❑ Urine R&M, C&S, Cytology
TESTS (within the last year of referral date)	
❑ Chest X-ray PA/Lateral ❑ ECG 12 lead *(tracing must be included)* ❑ 2D Echocardiogram ***(repeat yearly)*** ❑ Exercise Stress – MIBI *(if pt unable then a Persantine Thallium or Dobutamine Stress Echo* is acceptable) (should be within the year and then **repeated yearly**)*	❑ Carotid Dopplers ❑ Abdominal Ultrasound ❑ If angiogram done, please send report ❑ All pathology reports e.g. Kidney biopsy ❑ Ankle Brachial Indices (Vascular lab at Victoria Hospital)
OTHER	
❑ Height _____ and Weight _____ ❑ eGFR by MDRD (must be >60) ❑ Note from Ophthalmologist re: stability of retinas ❑ Note from Endocrinologist ❑ Cardiology consult	❑ Diabetic Questionnaire ❑ Current medication list ❑ Cancer Screening – please sent reports: ❑ PAP smear, mammogram, PSA, colonoscopy as per Ontario Guidelines

PROCESS OF REFERRAL

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.