

## Combined Kidney Pancreas Transplant Referral

<b>Kidney Assessment</b>
<input type="checkbox"/> <a href="#">Kidney Transplant Referral</a> form
<b>Pancreas Assessment</b>
The following are required in addition to those outlined in the Kidney Transplant Referral form:
<input type="checkbox"/> Cardiology Consult for clearance to proceed with kidney/pancreas transplant
<input type="checkbox"/> Endocrinology Note (within the last year)
<input type="checkbox"/> Ophthalmology Note (within the last year), including recent eye examination for diabetic proliferative retinopathy
<input type="checkbox"/> C-peptide
<input type="checkbox"/> Lipase
<input type="checkbox"/> HgbA1c
<input type="checkbox"/> Fasting Glucose
<input type="checkbox"/> 8 AM Fasting Cortisol
<input type="checkbox"/> TSH
<input type="checkbox"/> Ankle Brachial Indices
<input type="checkbox"/> Carotid Doppler
<input type="checkbox"/> Diabetic Questionnaire

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**Transplant Recipient Coordinators**  
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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.