

**WESTERN HOSPITAL KIDNEY TRANSPLANT PROGRAMME**

**DONOR INVESTIGATIONS**

**Donor Name** : .....

**Age** : .....

**Tick ✓ if you have done the test**

	<b>Test</b>	<b>Tick ✓</b>		<b>Test</b>	<b>Tick ✓</b>
1	BLOOD GROUP		16	HEPATITS C	
2	FBC		17	HIV	
3	CRP		18	VDRL	
4	ESR		19	CMV IgG	
5	PPBS		20	CMV IgM	
6	FBS		21	CXR + Report	
7	UFR		22	24HR URINARY PROTEIN	
8	URINE CULTURE + ABST		23	24HR CREAT. CLEARANCE	
9	RENAL PROFILE + eGFR		24	BIO-IMPEDANCE	
10	LIVER PROFILE		25	ECG	
11	CLOTTING PROFILE		26	CROSS MATCH / HLA	
12	LIPID PROFILE		27	CT RENAL ANGIOGRAM	
13	USS ABDOMEN		28	DENTAL CHECK	
14	ECHOCARDIOGRAPHY		29	DTPA	
15	HBsAg		30	If lady –β HCG	
<b>Any other tests</b>			31	Axilla ,groin, nasal Cultures	
31	Psychological Counselling Referral				