

Living Donor Medical Evaluation

This evaluation must be completed:	Including evaluation for and assessment of this information:
General donor history	<p>A personal history of significant medical conditions which include but are not limited to:</p> <ul style="list-style-type: none"> • Hypertension • Diabetes • Lung disease • Heart disease • Gastrointestinal disease • Autoimmune disease • Neurologic disease • Genitourinary disease • Hematologic disorders • Bleeding or clotting disorders • History of cancer including melanoma • History of infections • Active and past medications with special consideration for known nephrotoxic and hepatotoxic medications or chronic use of pain medication • Allergies • An evaluation for coronary artery disease
General family history	<ul style="list-style-type: none"> • Coronary Artery Disease • Cancer
Social history	<ul style="list-style-type: none"> • Occupation • Employment status • Health insurance status • Living arrangements • Social support • Smoking, alcohol, and drug use and abuse • Psychiatric illness, depression, suicide attempts • Increased risk behavior as defined by the <i>U.S. Public Health Services (PHS) Guideline</i>
Physical Exam	<ul style="list-style-type: none"> • Height • Weight • Body Mass Index (BMI) • Vital signs • Examination of all major organ systems
General Laboratory and imaging tests	<ul style="list-style-type: none"> • Complete blood count (CBC) with platelet count • Blood type and subtype • Prothrombin Time (PT) or International Normalized Ratio (INR) • Partial Thromboplastin Time (PTT)

<p>General Laboratory and imaging tests (cont'd)</p>	<ul style="list-style-type: none"> • Metabolic testing (to include: electrolytes, BUN, creatinine, transaminase levels, albumin, calcium, phosphorus, alkaline phosphatase, bilirubin) • HCG quantitative pregnancy test for premenopausal women without surgical sterilization • Chest X-Ray • Electrocardiogram (ECG)
<p>Transmissible disease screening</p>	<p>Infectious disease testing must include all of the following:</p> <ol style="list-style-type: none"> 1. Cytomegalovirus (CMV) antibody 2. Epstein Barr Virus (EBV) antibody 3. HIV antibody (anti-HIV) testing or HIV antigen/antibody (Ag/Ab) combination test as close as possible, but within 28 days to organ recovery 4. Hepatitis B surface antigen (HBsAg) testing as close as possible, but within 28 days prior to organ recovery 5. Hepatitis B core antibody (anti-HBc) testing as close as possible but within 28 days prior to organ recovery 6. Hepatitis C antibody (anti-HCV) testing as close as possible, but within 28 days prior to organ recovery 7. Syphilis testing <p>For Tuberculosis (TB), living donor recovery hospitals must determine if the donor is at increased risk for this infection. If TB risk is suspected, testing must include screening for latent infection using either:</p> <ul style="list-style-type: none"> • Intradermal PPD • Interferon Gamma Release Assay (IGRA)
<p>Endemic transmissible diseases</p>	<p>Each living donor hospital must develop and follow a written protocol for identifying and testing donors at risk for transmissible seasonal or geographically defined endemic disease as part of its medical evaluation.</p>
<p>Cancer screening</p>	<p>Recovery hospitals must develop and comply with protocols consistent with the American Cancer Society (ACS) or the U.S. Preventative Services Task Force to screen for:</p> <ul style="list-style-type: none"> • Cervical cancer • Breast cancer • Prostate cancer • Colon cancer • Lung cancer

Kidney- specific donor history	<p>A personal history of significant medical conditions which include, but are not limited to, kidney-specific personal history including:</p> <ul style="list-style-type: none"> • Genetic renal disease • Kidney disease, proteinuria, hematuria • Kidney injury • Diabetes including gestational diabetes • Nephrolithiasis • Recurrent urinary tract infections
Kidney- specific family history	<ul style="list-style-type: none"> • Kidney disease • Diabetes • Hypertension • Kidney cancer
Physical exam	<p>Blood pressure taken on at least two different occasions or 24-hour or overnight blood pressure monitoring.</p>
Other metabolic testing	<ul style="list-style-type: none"> • Fasting blood glucose • Fasting lipid profile (cholesterol, triglycerides, HDL cholesterol, and LDL cholesterol) • Glucose tolerance test of glycosylated hemoglobin in first degree relatives of diabetics and in high risk individuals
Kidney- specific tests	<ul style="list-style-type: none"> • Urinalysis or urine microscopy • Urine culture if clinically indicated • Measurement of urinary protein and albumin excretion • Measurement of glomerular filtration rate by isotopic methods or a creatinine clearance calculated from a 24-hour urine collection • Hospitals must develop and comply with a written protocol for polycystic kidney disease or other inherited renal disease as indicated by family history. • Patients wit a history of nephrolithiasis or nephrolithiasis (>3mm) identified on radiographic imaging must have a 24-hour urine stone panel measuring: <ul style="list-style-type: none"> ○ Calcium ○ Oxalate ○ Uric acid ○ Citric acid ○ Creatinine ○ Sodium
Anatomic assessment	<p>Determine:</p> <ul style="list-style-type: none"> • Whether the kidneys are of equal size • If the kidneys have masses, cysts, or

Anatomic assessment (cont'd)

stones

- if the kidneys have other anatomical defects
- Which kidney is more anatomically suited for transplant