

Diagnosis

Diagnostic Tests

Blood Work

<input type="checkbox"/>	Comprehensive metabolic panel	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	HIV Ag/Ab combination (HMH)	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	HIV 1, 2 antibody (HMSTJ, HMTW, HMSJ, HMWB)	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Rapid HIV 1 & 2 (HMSTJ, HMW)	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Hepatitis A antibody total	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Hepatitis B core antibody total	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Hepatitis B surface antibody	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Hepatitis B surface antigen	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Hepatitis C antibody	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	CBC with platelet and differential	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Hemoglobin A1c	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	C-peptide	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Microalbumin, urine, random	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Lipid panel	Routine, Status: Future, Expires: S+366, HM Draw Station Has the patient been fasting for 8 hours or more?
<input type="checkbox"/>	Phosphorus level	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	LDH	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Uric acid level	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	ABORh - transplant	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	TB T-SPOT	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Prostate specific antigen - for males over 39	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Syphilis total antibody	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Prothrombin time with INR	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Partial thromboplastin time	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Cytomeg IgG/IgM	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Epstein-Barr virus antibody test	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	HSV type 1/2 combined Ab, IgM	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	HSV 1 & 2 glycoprotein G Ab, IgG	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Coccidioides antibody, IgG/IgM by ELISA	Routine, Status: Future, Expires: S+366, HM Draw Station, Serum
<input type="checkbox"/>	Strongyloides Ab IgG ELISA	Routine, Status: Future, Expires: S+366, HM Draw Station, Please select Quest resulting agency.
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, HM Draw Station Specimen Source: Urine Specimen Site:
<input type="checkbox"/>	Protein, urine, 24 hour	Routine, Status: Future, Expires: S+366, HM Draw Station LabCorp Urine collection volume (ml):
<input type="checkbox"/>	Creatinine clearance, urine, 24 hour	Routine, Status: Future, Expires: S+366, HM Draw Station Quest Urine Volume: Quest Duration (hrs): Quest Height Feet: Quest Height Inches: Quest Weight Pounds:
<input type="checkbox"/>	West Nile virus antibody IgG, serum	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	West Nile virus antibody IgM, serum	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/>	Creatinine clearance, urine, 24 hour	Routine, Status: Future, Expires: S+366, HM Draw Station Quest Urine Volume: Quest Duration (hrs): Quest Height Feet: Quest Height Inches: Quest Weight Pounds:
<input type="checkbox"/>	BK virus by PCR	Routine, Status: Future, Expires: S+366, HM Draw Station Specimen Source: Plasma

Diagnostic Tests

<input type="checkbox"/> ECG 12 lead	Routine, Ancillary Performed, Status: Future, Expires: S+366
<input type="checkbox"/> Cv exercise treadmill stress (no imaging) - For donors over 50 and on BP meds	Status: Future, Expires: S+366, Routine, Ancillary Performed
<input type="checkbox"/> Echocardiogram complete w contrast and 3D if needed - for donors over 50 and on BP meds	Status: Future, Expires: S+366, Routine, Ancillary Performed
<input type="checkbox"/> XR Chest 2 Vw	Status: Future, Expires: S+366, Routine, Ancillary Performed
<input type="checkbox"/> XR Kub Kidney Ureter Bladder	Status: Future, Expires: S+366, Routine, Ancillary Performed
<input type="checkbox"/> Mammo Digital Bilateral Screen W Cad	Status: Future, Expires: S+427, Routine, Ancillary Performed
<input type="checkbox"/> Pap Smear, 1 Slide	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Count:
<input type="checkbox"/> NM Renal Function Study Non Image (aka GLOFIL)	Status: Future, Expires: S+366, Routine, Ancillary Performed
<input type="checkbox"/> NM Renal Scan W Flow Function Sgl W/Dtpa	Status: Future, Expires: S+366, Routine, Ancillary Performed

HLA Testing

<input type="checkbox"/> HLA antibody testing - pre transplant	Routine, Status: Future, Expires: S+366, HM Draw Station
<input type="checkbox"/> HLA transplant evaluation	Routine, Status: Future, Expires: S+366, HM Draw Station

Referrals

Clinic Consults

<input checked="" type="checkbox"/> Ambulatory referral to Transplant Social Work	Internal Referral Let me know if the patient declines service or is unable to be contacted? No File referral to ordering clinic?
<input checked="" type="checkbox"/> Consult Donor Advocate	Routine, Clinic Performed
<input checked="" type="checkbox"/> Ambulatory referral to Nephrology	Internal Referral Let me know if the patient declines service or is unable to be contacted? No File referral to ordering clinic?
<input type="checkbox"/> Referral to living bank	Routine, Clinic Performed
<input type="checkbox"/> Ambulatory referral to Gynecology	Internal Referral Let me know if the patient declines service or is unable to be contacted? No File referral to ordering clinic?
<input type="checkbox"/> Ambulatory referral to Endocrinology	Internal Referral Let me know if the patient declines service or is unable to be contacted? No File referral to ordering clinic?
<input type="checkbox"/> Ambulatory referral to Transplant Nutrition Services	Internal Referral Let me know if the patient declines service or is unable to be contacted? No File referral to ordering clinic?