

## IDM TESTING TO BE PERFORMED DURING DONOR WORKUP

Page 1 of 1

PATIENT/DONOR DATA	
Patient name:	Patient ID: (assigned by patient registry)
Patient registry:	Patient ID: (assigned by donor registry)
Transplant center:	Donor ID:
Donor registry:	

TEST DATA				
Infectious Disease Markers (IDM)	Registry ability to perform test			Transplant center Please perform:
	Automatically tested:	Will test upon request:	Cannot test:	
<b>Hepatitis B Virus (HBV)</b>				
HBs Ag (surface antigen screening test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-HBc (antibody screening test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HBV-NAT (Nucleic Acid Amplification Technique)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hepatitis C Virus (HCV)</b>				
Anti-HCV (antibody screening test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV (verification test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HCV-NAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Human T-Lymphotropic Viruses (HTLV)</b>				
Anti-HTLV I/II (screening test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Human Immunodeficiency Virus (HIV)</b>				
HIV 1 p24 antigen (screening test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV-NAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-HIV 1 and Anti-HIV 2 (antibody screening test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Syphilis</b>				
STS (serological test for syphilis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>				
CMV (Cytomegalovirus) antibodies	IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WNV-NAT testing (West Nile Virus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EBV (Epstein Barr Virus) antibodies	IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxoplasmosis antibodies	IgG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IgM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALT (Alanine Aminotransferase)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplant center: Please list any additional tests you would like to be performed. The donor center will inform you whether these tests can be performed.			Coordination center signature:	
Person completing form:	Date (YYYY-MM-DD):	Signature:		