

IDM TESTING TO BE PERFORMED DURING DONOR WORKUP

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

TEST DATA				
Infectious Disease Markers (IDM)	Registry ability to perform test			Transplant center Please perform:
	Automatically tested:	Will test upon request:	Cannot test:	
Hepatitis B Virus (HBV)				
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"/>
Hepatitis C Virus (HCV)				
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"/>
Human T-Lymphotropic Viruses (HTLV)				
Anti-HTLV I/II (screening test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Immunodeficiency Virus (HIV)				
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"/>
Syphilis				
STS (serological test for syphilis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
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:		