PATIENTS NAME: [redacted]

HOSPITAL NUMBER:

DATE OF BIRTH:

TRANSPLANT ON-CALL CHECK LIST

		Tick off
1	Advanced renal failure, serum creatinine usually over 1000 umol/l	✓
2	Negative hepatitis B antigen	✓
3	Tissue typing and blood group 14/6	✓
4	Pre-transplant transfusion (usually 1 unit packed cells x 3 at intervals of 3-4 weeks)	✓
5	Barium meal	—
6	Barium enema if over age 40 or bowel symptoms	—
7	Micturating cystogram 5/93	✓
8	Metabolic skeleton 12/93	✓
9	Additional Medical Problems: Hypertension	
	Previous myocardial infarction	—
	Known ischaemic heart disease	—
	Peptic ulcer history	—
	Diverticular disease	—
	Diabetes mellitus	—
	Urological problem Single / Ureter	YES
	Respiratory disease	No
	Infections	UTIs
	Other: gastrostomy / feeding	
	Smoker	
10	CMV antibody	~~positive~~/negative
11	On-call Booklet	✓

MMR given as baby. Measles +Varicella titres 9/4.