

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

DONOR DATA
Donor registry:
Donor ID:
GRID number:

TEST DATA				
Infectious Disease Markers (IDM)	Registry ability to perform test			Transplant center
	Automatically tested:	Will test upon request:	Cannot test:	Please perform:
<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-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"/>
<b>Transplant center:</b> Please list any additional tests you would like to be performed. The donor center will inform you whether these tests can be performed.				

**F50****IDM TESTING TO BE PERFORMED DURING DONOR WORKUP**

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Patient name:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

<b>DONOR DATA</b>
Donor ID:
GRID number:

Donor center representative:	Date: (YYYY-MM-DD)	Donor center signature:
Transplant center representative:	Date: (YYYY-MM-DD)	Transplant center signature: