

F50 IDM TESTING TO BE PERFORMED DURING DONOR WORKUP

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Form to be initiated by donor centre

PATIENT DATA	
Patient first name:	Patient last name:
Patient registry:	
Transplant centre:	
Patient ID: (assigned by patient registry)	Patient ID: (assigned by donor registry)

DONOR DATA	
Donor registry:	ION:
Donor ID:	
GRID:	

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

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DONOR DATA	
Donor registry:	ION:
Donor ID:	
GRID:	

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