

## Screening for potential living kidney donors

### Potential Donor:

Surname, First name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Street address \_\_\_\_\_  
City, Postal Code \_\_\_\_\_  
Phone number (private) \_\_\_\_\_  
Phone number (mobile) \_\_\_\_\_  
Phone number (business) \_\_\_\_\_  
Email adress \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
Relationship to the Recipient \_\_\_\_\_  
Bloodgroup *Donor* \_\_\_\_\_

### Kidney Recipient

Surname, First name \_\_\_\_\_  
Bloodgroup *Recipient* \_\_\_\_\_

### Donor's medical history:

- Birth Weight: \_\_\_\_\_
- Number of Pregnancies / Abortions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Renal history

- Family history of nephropathy  yes: \_\_\_\_\_  no
- Urinary disorders  yes: \_\_\_\_\_ no
- Urin abnormalities  yes: \_\_\_\_\_ no
- Nephrolithiasis  yes: \_\_\_\_\_ no
- Cystitis / Pyelonephritis  yes: \_\_\_\_\_ no
- Hypertension  yes: \_\_\_\_\_ no
- Chronic pain killer use yes: \_\_\_\_\_ no

### Physical examination

- Reduced general condition  yes: \_\_\_\_\_ no
- Dyspnoea  yes: \_\_\_\_\_ no
- Chest pain  yes: \_\_\_\_\_ no
- Claudication  yes: \_\_\_\_\_ no
- Gastrointestinal problems  yes: \_\_\_\_\_ no
- Medication  yes: \_\_\_\_\_ no
- Smoker / py  yes: \_\_\_\_\_ no
- Allergies  yes: \_\_\_\_\_ no

### Social history

- Occupation, working capacity (%) \_\_\_\_\_
- Martial status, children \_\_\_\_\_

**Physical examination:**

General condition: \_\_\_\_\_ Height: \_\_\_\_\_ cm; Weight: \_\_\_\_\_ kg; Waist: \_\_\_\_\_ cm; BMI: \_\_\_\_\_

BP (left sitting) : \_\_\_\_\_ / \_\_\_\_\_ mmHg; BP (right sitting): \_\_\_\_\_ / \_\_\_\_\_ mmHg; Pulse: \_\_\_\_\_ / min

Heart                    Normal heartbeat                    No extrasystoles                    Normal sounds                    Pulse normal

Pathological findings: \_\_\_\_\_

Lung:                    Normopnoea                    Normal percussion                    Vesicular breathing

Pathological findings: \_\_\_\_\_

Abdomen:                    Soft, indolent                    No hepatomegaly                    Kidneys indolent                    Normal auscultation

Pathological findings: \_\_\_\_\_

Varia:                    No lymph nodes palpable                    Skin normal                    Joints normal

Pathological findings: \_\_\_\_\_

**Laboratory**

▪ **Hematology**

Hemoglobin: \_\_\_\_\_

Leukocytes: \_\_\_\_\_

Thrombocytes: \_\_\_\_\_

▪ **Blood chemistry**

Sodium: \_\_\_\_\_

Potassium: \_\_\_\_\_

Creatinine: \_\_\_\_\_

Urea: \_\_\_\_\_

**Fasting** glucose: \_\_\_\_\_

HbA<sub>1c</sub> \_\_\_\_\_

Triglycerides \_\_\_\_\_

LDL \_\_\_\_\_

HDL \_\_\_\_\_

▪ **Urine analysis**

Specific gravity: \_\_\_\_\_

pH: \_\_\_\_\_

Nitrites: \_\_\_\_\_

Protein: \_\_\_\_\_

Glucose: \_\_\_\_\_

Ketones: \_\_\_\_\_

Albuminuria:                    yes                    no

Erythrocytes: \_\_\_\_\_

Leukocytes: \_\_\_\_\_

Sediment: \_\_\_\_\_

**Ultrasound kidneys / bladder**

	Right kidney		Left kidney	
Length and width		cm		cm
Parenchyma width		cm		cm
Parenchyma structure	normal	not normal	normal	not normal
Tumor mass	no	yes	no	yes
Cysts	no	yes	no	yes
Pyelon reflex	solid	dilated	solid	dilated
Bladder				
Comment				

Examinations performed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form together with the results to the following address:**

University Hospital Zurich, **Living Donor Coordination, OST-U-57**

Department of Surgery and Transplantation, Raemistrasse 100, CH-8091 Zurich, Switzerland;

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