

Screening investigation for potential living donation of a kidney

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* _____

Personal history of the donor: (any relevant illnesses such as hypertension, diabetes mellitus, history of surgical procedures,.....?)

- Birth Weight Donor: _____
- Number of Pregnancies / Abortions: _____
- _____
- _____
- _____

Renal history

- familial history of Nephropathy yes: _____ no
- Urination disorders yes: _____ no
- Urin abnormalities yes: _____ no
- Nephrolithiasis yes: _____ no
- Cysts / Pyelonephritis yes: _____ no
- arterial Hypertension yes: _____ no
- Chronic pain killer abuse yes: _____ no

Physical examination

- Reduced general condition yes: _____ no
- Dyspnoea yes: _____ no
- Thorax pain yes: _____ no
- Claudication yes: _____ no
- Gastro-intestinal problems yes: _____ no
- Medication yes: _____ no
- Smoker / Nicotine yes: _____ no
- Allergies yes: _____ no

Social history

- Occupation, work capacity (%) _____
- Family situation, children _____

Physical examination:

General condition: _____ Nutritional state: _____ Height: _____ cm; Weight: _____ kg; Waist: _____ cm; BMI: _____
BP (left sitting) : _____ / _____ mmHg; BP (right sitting): _____ / _____ mmHg; Pulse: _____ / min

Heart Normal heartbeat no extrasystole no sounds Pulse normal

Pathological findings: _____

Lung: Eupnoea 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

Pathological findings: _____

Laboratory

▪ **Hematology**

Hemoglobin: _____
Leukocytes: _____
Thrombocytes: _____

▪ **Analytical chemistry**

Sodium: _____
Potassium: _____
Creatinine: Urea: _____
fasting Glucose: _____
HbA_{1c} _____
Triglyceride _____
LDL _____
HDL _____

▪ **Urine analysis**

specific gravity: _____
pH: _____
Nitrite: _____
Protein: _____
Glucose: _____
Ketones: _____

Microalbuminurie: yes no
Erythrocytes: _____
Leukocytes: _____
Sediment: _____

Ultrasound Kidney / Bladder

	Right kidney		Left kidney	
Length and width		cm		cm
Parenchym width		cm		cm
Parenchym structure	<input type="checkbox"/> normal	<input type="checkbox"/> not normal	<input type="checkbox"/> normal	<input type="checkbox"/> not normal
Space-occupying mass	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
Cysts	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes
Pyelon reflex	<input type="checkbox"/> solid	<input type="checkbox"/> dilated	<input type="checkbox"/> solid	<input type="checkbox"/> 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 Donation Coordination, Martina Neff, OST-U-57**
Clinic for Visceral- und Transplant Surgery Raemistrasse 100, CH-8091 Zurich, Switzerland;
Phone: +41-44-255 30 20, Fax: +41-44-255 40 20; Email: lebendspende@usz.ch