



Screening investigation for potential living donation of a kidney

Potential Donor:

SURNAME, First name _____
Date of Birth _____
Adress: Street _____
City, Postal Code _____
Tel.Nr. (Private) _____
Tel.Nr. (Business) _____
Email _____
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 : _____
- _____
- _____
- _____
- _____

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: _____

Labor

▪ Hämatologie

Hämoglobin _____
Leukozyten _____
Thrombozyten _____

▪ Chemie

Natrium _____
Kalium _____
Kreatinin _____
Harnstoff _____
Glucose _____

▪ Urinstatus

spez. Gew. _____
pH _____
Nitrit _____
Protein _____
Glukose _____
Keton _____
Mikroalbuminurie ja nein
Erythrozyten _____
Leukozyten _____
Sediment _____

Ultraschall Nieren/Blase

	Rechte Niere		Linke Niere	
Länge und Breite		cm		cm
Parenchyembreite		cm		cm
Parenchymstruktur	<input type="checkbox"/> normal	<input type="checkbox"/> nicht normal	<input type="checkbox"/> normal	<input type="checkbox"/> nicht normal
Raumforderungen	<input type="checkbox"/> nein	<input type="checkbox"/> ja	<input type="checkbox"/> nein	<input type="checkbox"/> ja
Zysten	<input type="checkbox"/> nein	<input type="checkbox"/> ja	<input type="checkbox"/> nein	<input type="checkbox"/> ja
Pyelonreflex	<input type="checkbox"/> kompakt	<input type="checkbox"/> dilatiert	<input type="checkbox"/> kompakt	<input type="checkbox"/> dilatiert
Blase				
Kommentar				

Untersucher:

Unterschrift:

Datum:

Dieses Formular zusammen mit den Unterlagen des Empfängers an folgende Adresse senden an:

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