

F50

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

Page 1 of 2

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 (1/2)				
Infectious Disease Markers (IDM)	Registry ability to perform test			Transplant centre Please perform:
	Automatically tested:	Will test upon request:	Cannot test:	
<b>Hepatitis B Virus (HBV)</b>				
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"/>
<b>Hepatitis C Virus (HCV)</b>				
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"/>
<b>Human T-Lymphotropic Viruses (HTLV)</b>				
Anti-HTLV I/II (screening test)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
<b>Human Immunodeficiency Virus (HIV)</b>				
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"/>
<b>Syphilis</b>				
STS (serological test for syphilis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>



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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 (2/2)					
Infectious Disease Markers (IDM)	Registry ability to perform test			Transplant centre Please perform:	
	Automatically tested:	Will test upon request:	Cannot test:		
<b>Other</b>					
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"/>
<b>Transplant centre:</b> Please list any additional tests you would like to be performed. The donor centre will inform you whether these tests can be performed.					

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