



Paired Kidney Exchange Activation Checklist:

Name: _____ DOB: _____ MRN: _____
 Donor Alias: _____ Recipient Alias: _____

UPLOADED TO NKR:

- | | |
|--|---|
| <input type="checkbox"/> MRI/CT | <input type="checkbox"/> Donor Medical Chart |
| <input type="checkbox"/> Donor MRI/CT Report | <input type="checkbox"/> Recipient ABO |
| <input type="checkbox"/> Donor ABO | <input type="checkbox"/> Recipient Demographics |

Donor Medical Chart Checklist:

DEMOGRAPHICS/UNOS ID:

- UNOS ID
- Demographics

LAB RESULTS:

- ABO x 2
- HLA
- Evaluation Labs

DIAGNOSTIC IMAGING:

- MRI
- CT
- Chest X-Ray
- KUB (if needed)
- EKG
- Stress Test
- Other: _____

CANCER SCREENING:

- Mammogram
- Pap Smear
- Colonoscopy

CONSULTS:

- Nephrology
- Surgeon
- SW/ILDA
- Nutrition
- Pharmacy
- Psychiatry (if needed)

CONSENTS:

- Kidney Donor Questionnaire
- Consent for Evaluation
- ID Evaluation
- High Risk Criteria Evaluation
- PKE Education Acknowledgment Donor
- PKE Education Acknowledgment Recipient
- NKR Medical Release Donor/Recipient
- A2 to O Consent (if applicable)

OTHER/MISC.:

- LD Selection Committee
- Cryo Kit
- Other: _____

Completed on: _____

Activated in NKR: _____

Alias: _____

Name: _____

DOB: _____

UNOS ID#: _____

UNOS ID

Demographics

ABO/HLA

Labs Results

Diagnostic Studies

Cardiac Testing

Cancer Screening

Additional Consults/Procedures

Nephrology/Surgical Consult

Social Work/ILDA

Dietitian/Pharmacy

Selection Committee

Consents