

Living Kidney Donor Medical Evaluation Checklist

OPTN policy changes for living donation are effective February 1, 2013. These changes will create national standards for the evaluation and informed consent of all living kidney donors. Programs may use this checklist to review their medical evaluation process and determine if it contains all the required as specified in [OPTN Policy 12.0](#). The 'OPTN Reference' column indicates throughout the checklist which specific policy section applies.

Policy Requirement	OPTN Reference
The evaluation must be performed by one of the following:	Policy 12.3.4
Recovery hospital physician – OR	
Recovery hospital surgeon	
The medical evaluation must assess the following:	Policy 12.3
General History	Policy 12.3 A
Personal history:	
• Hypertension	
• Genetic renal disease	
• Lung disease	
• Heart disease	
• Gastrointestinal disease	
• Autoimmune disease	
• Neurologic disease	
• Genitourinary disease	
• Hematologic disorders	
• Bleeding or clotting disorders	
• Cancer	
• Infections	
• Other	
Kidney-specific personal history:	
• Kidney disease	
• Proteinuria	
• Hematuria	
• Kidney injury	
• Diabetes, including gestational diabetes	
• Nephrolithiasis	
• Recurrent urinary tract infections	
Family History	Policy 12.3 B & C
• Coronary artery disease	Policy 12.3 B
• Cancer	Policy 12.3 C
• Kidney-specific	
○ Kidney disease	
○ Diabetes	
○ Hypertension	
○ Kidney cancer	
Social History	Policy 12.3 D
• Occupation	
• Employment status	
• Health insurance status	
• Living arrangements	
• Social support	
• Smoking, alcohol, and drug use/abuse	
• High-risk behavior as defined by the US PHS	

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	<ul style="list-style-type: none"> • Psychiatric illness 	
	<ul style="list-style-type: none"> • Depression 	
	<ul style="list-style-type: none"> • Suicide attempts 	
Physical exam		Policy 12.3 E
	<ul style="list-style-type: none"> • Height 	
	<ul style="list-style-type: none"> • Weight 	
	<ul style="list-style-type: none"> • BMI 	
	<ul style="list-style-type: none"> • Exam of all major organ systems 	
	<ul style="list-style-type: none"> • Blood pressure <ul style="list-style-type: none"> ○ Taken on at least 2 separate occasions – OR ○ 24-hour or overnight BP monitoring 	
General lab tests		Policy 12.3 F
	<ul style="list-style-type: none"> • CBC with platelet count 	
	<ul style="list-style-type: none"> • Blood type and screen 	
	<ul style="list-style-type: none"> • Prothrombin time (PT) 	
	<ul style="list-style-type: none"> • INR or PTT 	
	<ul style="list-style-type: none"> • Metabolic testing <ul style="list-style-type: none"> ○ Electrolytes ○ BUN ○ Creatinine ○ Transaminase levels ○ Albumin ○ Calcium ○ Phosphorus ○ Alkaline phosphatase ○ Bilirubin 	
	<ul style="list-style-type: none"> • HCG quantitative pregnancy test for premenopausal women w/o surgical sterilization 	
	<ul style="list-style-type: none"> • Chest x-ray 	
	<ul style="list-style-type: none"> • Electrocardiogram (ECG) 	
Other metabolic testing		
	<ul style="list-style-type: none"> • Fasting blood glucose 	
	<ul style="list-style-type: none"> • Fasting lipid profile <ul style="list-style-type: none"> ○ Cholesterol ○ Triglycerides ○ HDL cholesterol ○ LDL cholesterol 	
	<ul style="list-style-type: none"> • Glucose tolerance test and/or glycosylated hemoglobin in first degree relatives of diabetics and high-risk individuals 	
Kidney-specific tests		
	<ul style="list-style-type: none"> • Urinalysis/urine microscopy 	
	<ul style="list-style-type: none"> • Urine culture if clinically indicated 	
	<ul style="list-style-type: none"> • Measurement of urinary protein and albumin secretion 	
	<ul style="list-style-type: none"> • Measurement of GFR by isotropic methods – OR 	
	<ul style="list-style-type: none"> • Creatinine clearance calculated from 24-hour urine collection 	
	<ul style="list-style-type: none"> • Screening for polycystic kidney disease or other inherited renal disease as guided by family history 	
	<ul style="list-style-type: none"> • 24-hour urine stone panel (if patient has history of nephrolithiasis or nephrolithiasis (>3 mm) <ul style="list-style-type: none"> ○ Calcium ○ Oxalate 	

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	<ul style="list-style-type: none"> ○ Uric acid ○ Citric acid ○ Creatinine ○ Sodium excretion 	Policy 12.3 H
Anatomic assessment		Policy 12.3 I
	<ul style="list-style-type: none"> • Radiologic imaging (may include CT angiogram or MR angiogram) 	
Screening for transmissible disease		Policy 12.3 J
	<ul style="list-style-type: none"> • Infectious disease testing <ul style="list-style-type: none"> ○ CMV antibody ○ EBV antibody ○ HIV 1, 2 antibody ○ HepBsAg (Hep B surface antigen) ○ HepBcAB (Hep B core antibody) ○ HepBsAB (Hep B surface antibody) ○ HCV antibody ○ RPR ○ TB (if potential donor is at risk for infection) <ul style="list-style-type: none"> ▪ Intradermal PPD ▪ Interferon Gamma Release Assay (IGRA) ○ Additional infectious disease testing (if from endemic area) <ul style="list-style-type: none"> ▪ Strongyloides ▪ Trypanosoma cruzi ▪ West Nile 	
Cancer screening (consistent with center-specific protocols)		Policy 12.3 K
	<ul style="list-style-type: none"> • Cervical cancer • Breast cancer • Prostate cancer • Colon cancer • Skin cancer • Lung cancer 	
Required exclusion criteria:		Policy 12.3 L
	<ul style="list-style-type: none"> • Less than 18-years-old AND mentally incapable of making an informed decision • Uncontrollable HTN or history of HTN with evidence of end stage organ damage • HIV • Diabetes • Active malignancy or incompletely treated malignancy • High suspicion of donor coercion • High suspicion of illegal financial exchange between donor and recipient • Evidence of acute symptomatic infection (until resolved) • Diagnosable psychiatric conditions requiring treatment before donation, including any evidence of suicidality 	

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