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| **TITLE:** Emory Transplant Center Kidney/Pancreas: Pre-Transplant Lab Draw Protocol | |
| **APPLICABLE FACILITIES:** (check all that apply)  □EUH **□**EUOSH □EWWH □EUHM □EJCH □ESJH □TEC □ESA □ERH | |
| **EFFECTIVE DATE:** 4/20/2022 | **ORIGINATION DATE:** |

**SCOPE:**

This policy is necessary for the protection of patients, physicians and staff.

**PURPOSE:** The Emory Transplant Center will comply with all applicable federal, state and local laws, regulations and policies regarding the management patient’s laboratory draws and results.

**GUIDELINES:**

**a.** All patients will have laboratory testing done with each visit to the Outpatient Transplant Center.

**b.** Different appointment types will require specific laboratory testing as noted below.   
**c.** Provider may add or remove additional testing as appropriate for individual patient.

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| **Phase 1: Pre-Transplant Evaluation** | **Standard Orders** ABO RH Type (need Blood Bank Request)  Transplant ABO Group and Type (ABORH) CBC (WBC, RBC, HGB, HCT, PLT) does not include differential Differential, Automated CMV Total (IgG & IgM) Comprehensive Metabolic Hepatitis A Antibody (IgG & IgM) Hepatitis B (diagnostic profile) Hepatitis C Antibody HIV Antibody Phosphorous Protime (PT/INR)  RPR (rapid plasma regain) Toxicology Drug Screen, Blood  EBV antibody profile,  Varicella Zoster Virus Antibody |
|  | **Urine Tests** Toxicology Drug Screen, Urine (for patients who are not currently on dialysis) |
|  | **Miscellaneous Blood** C-Peptide (*insulin dependent diabetics)* Hepatitis B DNA by PCR Hemoglobin A1C (*all diabetics)* Protein Electrophoresis (SPEP) *PSA Screen (Medicare only on all men 40 years and older)* TSH (thyroid stimulating hormone)  Chagas  Nicotine screen (patients with diabetes, cardiac disease, pulmonary disease, vascular disease)  **Miscellaneous Urine** Urine protein creatinine ratio  UPEP |
|  | **HLA Orders** HLA Antibody Screen  Class I and II type by low resolution by DNA |
|  | **Lupus Orders –** *On all patients with a history of Lupus* Anti-double stranded DNA Antibody C3 Complement C4 Complement Lupus Anticoagulant Profile Anti-phospholipid antibody profile IgG, IgM |
|  | **Hypercoagulation Orders** Anti-cardiolipin Antibody Anti-thrombin 3 Factor 5 Leiden Protein C Protein S  Prothrombin gene mutation |
|  | **HIV Orders –** *On all patients with a history of HIV* CD4 count  G6PD HIV Quant |
| **Phase 2: High Priority Candidates or Waitlist Re-evaluation Candidates** | Quantiferon gold  PSA (men >55 or 40-55 with first degree relative with prostate cancer) HLA Antibody Screen (this sample may be stored for future testing) |

Approved by: Kidney/Pancreas Transplant Leadership Group

**RELATED DOCUMENT(S)/LINK(S):**

**DEFINITIONS:** *(If applicable)*

**REFERENCES AND SOURCES OF EVIDENCE:**

**KEY WORDS:**

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| **REVIEW/APPROVAL SUMMARY:** | |
| **APPROVAL BODY/BODIES:** | |
| **REVIEW/REVISION DATES:** | **APPROVAL DATE:** |