



**British Columbia Transplant**  
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**APPLICATION FOR ERYTHROPOIETIC STIMULATING AGENTS (ESA)  
(ERYTHROPOIETIN/Eprex® or DARBEPOETIN/Aranesp®)**

*Fillable PDF may be completed before printing. Please fax to BC Transplant at (604) 877-2111*

Erythropoietin and darbepoetin are indicated for use in kidney/kidney pancreas transplant recipients who:

1. have a failing graft post transplant, or pre-transplant approved for transplant **and** are not on dialysis,
  2. **and** have one symptom of anemia (fatigue, exercise intolerance, angina, impaired cognition).
  3. **and** they must meet **ALL** the following lab criteria
    - i) glomerular filtration rate less than 50 mL/min by eGFR (based on MDRD equation)
    - ii) hemoglobin less than 95 g/L
    - iii) transferrin saturation (TSAT) 22% or greater
- All the lab criteria **MUST** be met before patient is initiated on Erythropoietin or Darbepoetin.
  - For more information on the BC Transplant guidelines for ESAs: click [here](#)

BCT ID #: _____	
Name: Last: _____	First: _____
Date of Birth: mo ____ day ____ year ____	Sex: male ____ female ____
Hospital: _____	Nephrologist: _____
<b>Patient is:</b> <input type="checkbox"/> on transplant wait list <input type="checkbox"/> post transplant has a failing graft	
Request for: <input type="checkbox"/> <b>Erythropoietin (Eprex®)</b> <input type="checkbox"/> <b>Darbepoetin (Aranesp®)</b>	
Weight: _____	kg
*Hemoglobin: _____	g/L
Serum Creatinine: _____	micromol/L
*Creatinine Clearance/eGFR: _____	mL/min/1.73 m <sup>2</sup>
*Transferrin Saturation (TSAT): _____	%
Serum Ferritin: _____	micromol/L
<i>*required data</i>	
Physician's Signature: _____	Date: _____
Approval by BCT: _____	Date: _____