

Vancouver General Hospital
Immunology Histocompatibility Laboratory
Solid Organ Transplant New Activation to Deceased Wait List Form

Vancouver General Hospital Immunology Laboratory
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THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL. ANY MISSING FIELDS WILL CAUSE A DELAY IN PATIENT ACTIVATION
addressograph labels with appropriate demographics are also acceptable

Patient Demographics		Program Information:	
Name (Surname):		Transplant Physician:	
(First):			Primary Nephrologist:
Date of Birth:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Coordinator:	
PHN:			

Hospital Site & Organ Program

<input type="checkbox"/> VGH	<input type="checkbox"/> SPH	<input type="checkbox"/> BCCH	<input type="checkbox"/> Other:
<input type="checkbox"/> Kidney	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Kidney/Pancreas	<input type="checkbox"/> Islet Liver

Diagnosis:	Is Autoimmune Disease Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is patient on immunosuppression therapy? Yes No If yes, please list therapies:

Clinical History

Waitlist Required Testing and Information

BCT ID#:	CTR ID#:	Immunology Testing Requirements: <i>If testing is "Ordered" ensure the appropriate Booking Form has also been sent</i>			
Recipient Clinical History		1. Two ABOs	Yes	No	Ordered
Dialysis Status:	Start Date:	A B AB O			
# pregnancies:	Dates:	2. Fully HLA typed	Yes	No	Ordered
# transfusions:	Date of Last:	3. Antibody cPRA < 6 months	Yes	No	Ordered
Infection(s):	Date of Last:	4. Pre Transplant Monthly Serum			
Previous Transplant(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		Start Date:	<i>* A current sample must be available in the lab for the patient to appear on selection reports</i>		
Organ: Date: Donor ID:		Custom Attributes:			
Organ: Date: Donor ID:		Medical Priority - Form Attached	Yes	No	
VAD Implant Date of VAD:		Highly Sensitized - Form	Yes	No	
ATG used? Yes No Rituximab used? Yes No		Attached Registry Child Priority			
		Combined Organ			
		Liver/Kidney Heart/Kidney Other:			
		Other:			

URGENT / STAT ACTIVATION ONLY

Minimum Requirements: 1. Antibody cPRA < 6 months 2. Two ABO results.	STAT Requested by: Reason for STAT:	** A current sample must be available in the lab for the patient to appear on selection reports
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Immunology Lab Use Only:

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EMAIL COMPLETED FORMS TO IMMSOT@VCH.CA

Include only ONE patient per email

Do not write patient name in email subject

Note: This is NOT a Requisition nor a Booking Form; it is ONLY to be used to notify the Laboratory of NEW Solid Organ Activations