



PATIENT NAME:

REFERRAL FOR PANCREAS/SIMULTANEOUS PANCREAS KIDNEY TRANSPLANT

DATE OF BIRTH:	TYPE OF DIALYSIS: NONE P.D. H.D. DAYS ON DIALYSIS: M Tu W Th F Sa Su EGFR:	ASSISTANCE REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/> SPECIFY :
PREFERS TO BE ADDRESSED AS:	INTERPRETER NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAIN LANGUAGE:

HEIGHT	WEIGHT	BMI	BP
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PATIENT CONTACT DETAILS	FAMILY/NOK EMERGENCY CONTACT DETAILS
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HOME	NAME
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MOBILE	RELATIONSHIP
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WORK	NOK CONTACT NUMBER
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	NOK E-MAIL
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E-MAIL	NOK ADDRESS
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	NEXT OF KIN AWARE YES <input type="checkbox"/> NO <input type="checkbox"/>
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	OTHER SIGNIFICANT FAMILY MEMBER:
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	CONTACT NUMBER:
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REFERRING CONSULTANT:	HOSPITAL:
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ADDRESS:	TELEPHONE:
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	MOBILE:
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	FAX:
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CONTACT DETAILS OF CNS	NAME	EMAIL	PHONE
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COMPILING WORKUP:			
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PLEASE ENCLOSE LETTERS FROM THE FOLLOWING

REFERRAL LETTER FROM NEPHROLOGIST <input type="checkbox"/>	REFERRAL LETTER FROM ENDOCRINOLOGIST <input type="checkbox"/>
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LETTER FROM DENTAL PRACTITIONER (DENTALLY FIT) <input type="checkbox"/>	LETTER FROM OPHTHALMOLOGIST <input type="checkbox"/>
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PLEASE COMPLETE THIS FORM AND ENCLOSE COPIES OF ALL REFERRAL LETTERS, AND TEST/INVESTIGATION RESULTS AND FORWARD TO:

THE PANCREATIC TRANSPLANT CO-ORDINATORS

ST RITA'S BUILDING

ST. VINCENT'S UNIVERSITY HOSPITAL

ELM PARK

DUBLIN 4

TEL: 01-2213358

E-MAIL: pancreas.transplant@svuh.ie

PANCREAS TRANSPLANTATION REFERRAL		PATIENT NAME:	
TEST	DATE OF TEST	REPORT ENCLOSED/COMMENT	NOT DONE
BLOODS			
BLOOD GROUP FBC, U&E, eGFR, LFTs, COAG, CA, PO4, GLUCOSE, HBA1C, CHOL, TRIG, PTH, C- PEPTIDE, ANTI-GAD, AMYLASE, COELIAC,			
VIROLOGY			
HIV, HEPATITIS A, B, C, D, CMV, EBV, HSV, VZV, TOXO, SYPHILIS, MEASLES, MUMPS, RUBELLA IGG			
HLA ANTIBODY SCREENING			
TISSUE TYPE			
TISSUE TYPE CONFIRMATION			
ANTI HLA ANTIBODIES			
URINE			
URINALYSIS			
MSU			
IMAGING			
CXR			
NON-CONTRAST CT OF ABDOMEN AND PELVIS – TO ASSESS ARTERIAL CALCIFICATION			
LOWER LIMB INVESTIGATIONS – IF INDICATED (CLAUDICATION, ULCER, ABSENT PULSES)			
CARDIAC			
ECG			
ECHO			
EXERCISE TOLERANCE TEST			
CORONARY ANGIOGRAPHY			
DOBUTAMINE STRESS ECHO (IF INDICATED)			
RIGHT HEART STUDIES (IF INDICATED)			
MYOCARDIAL PERFUSION SCAN (IF INDICATED)			
RESPIRATORY			
PFT'S			
O ₂ SATURATION LEVEL			

PANCREAS TRANSPLANTATION REFERRAL			PATIENT NAME:			
INVESTIGATIONS	DONE	NOT DONE	NOT REQUIRED	NORMAL	ABNORMAL	FURTHER ACTION
CERVICAL SMEAR TEST IF APPROPRIATE						
SKIN CHECK						
MAMMOGRAM (ALL ♀ OVER 50)						
PSA (ALL ♂ OVER 50)						
FOB, CEA OR COLONOSCOPY (ALL OVER 50 YRS)						
OTHER						

VACCINE RECORD *	DATE GIVEN	DATE SCHEDULED
THIS INFORMATION SHOULD BE AVAILABLE FROM PATIENTS GP		
INACTIVATED INFLUENZA		
HEP A (SUSCEPTIBLE PATIENTS)		
HEP B (IF HBSAG NEGATIVE AND ANTI-HBS<100MIU/L)		
HPV		
MENACWY		
MENB		
PCV		
PPV23 (2 MONTHS POST PCV)		
Tdap (DIPHTHERIA, TETANUS, PERTUSSIS) (IF NOT RECEIVED WITHIN 10 YEARS) OR Tdap/IPV (USE IF NOT FULLY IMMUNISED WITH IPV)		
MMR (UNLESS LABORATORY EVIDENCE OF IMMUNITY OR DOCUMENTED PRIOR VACCINATION)		
VARICELLA (SERONEGATIVE PATIENTS)		
COVID 19 VACCINES RECEIVED		

ALL VACCINES SHOULD BE GIVEN AT LEAST 1 MONTH PRIOR TO TRANSPLANT

*NATIONAL IMMUNISATION GUIDELINES FOR PRE-SOLID ORGAN TRANSPLANT

FURTHER INFORMATION AVAILABLE:

[HTTP://WWW.HSE.IE/ENG/HEALTH/IMMUNISATION/HCPINFO/GUIDELINES/CHAPTER3.PDF](http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter3.pdf)

SOLID ORGAN TRANSPLANT CANDIDATES AND RECIPIENTS RECOMMENDATIONS PAGE 6-7

[HTTP://WWW.HSE.IE/ENG/HEALTH/IMMUNISATION/HCPINFO/GUIDELINES/CHAPTER2.PDF](http://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter2.pdf)

CATCH UP SCHEDULE FOR CHILDREN AND ADULTS: TABLE 2.3 ON PAGE 7

ON RECEIPT OF ALL THE ABOVE

ONCE WE HAVE RECEIVED **ALL THE REFERRAL LETTERS AND TEST/INVESTIGATION RESULTS** WE WILL CONTACT THE POTENTIAL RECIPIENT AND ARRANGE FOR THEM TO ATTEND ST. VINCENT'S UNIVERSITY HOSPITAL. AT THIS VISIT THEY WILL MEET THE PANCREAS TRANSPLANT CO-ORDINATORS, TRANSPLANTING SURGEON AND THE TRANSPLANT ANAESTHETIST. THIS WILL PROVIDE AN OPPORTUNITY FOR THEM TO MEET THE TEAM AND TO HAVE ANY QUERIES OR CONCERNS ADDRESSED.

