

SOP for Recipient Evaluation Heart

DATE OF EVALUATION

NAME

Address/ Telephone Number

BMI

Blood Group

PRA Class 1

PRA Class 2

Part One Investigations

	Normal Blue/ Abnormal Red
1 Full Blood Count, Platelets, Coagulation Screen	
2 Blood Group and antibody screen	
3 Urea, electrolytes, creatinine and LFTs, TFTs	
4 Uric acid	
5 Hep B and HIV & viral screen	
6 Fasting glucose and lipids	
7 GFR	
8 Chest x-ray (PA and lat)	
9 12 lead ECG	
10 Echocardiograph	
11 Right heart catheterization, Coronary angiography	
13 Spirometry	
14 VO ₂ max (if appropriate)	
16 Carotid/peripheral artery Doppler (if symptoms)	
17 Bone Densitometry(if >50 years or post menopausal)	
18 Nose/throat/axilla/perineum swabs, Urine and Sputum culture	

Dental referral – for treatment of gingival infection, root abscess or active caries

after discussion with Transplant Team

ASSESSMENT MEETING DATE

DIAGNOSIS

DECISION **Urgent Transplant required/ Active waitlisted/ Followup/ Not for transplant**

Surgeon

Physician

Anaesthetist

Co-ordinators