**Pancreas Candidate Summary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Kidney |  | Sequential |  | Alone |  | Islet |  |

|  |  |
| --- | --- |
| **OSOTC Patient Number:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PATIENT DEMOGRAPHICS** | | | | |
| **Initials:** | **Birth Date:** | **Height:** | **Weight:** |  |
| **Gender:** M  F | **ABO:** A  B  AB  O | **Race:** | **Transplant#:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PATIENT STATUS** | | | |
| **MEDICAL DIAGNOSIS:** | | | |
| **GFR:** | **Dialysis:** Yes  No | **C-Peptide:** | **Insulin:** Yes  No |
| **MEDICAL HISTORY** (Please indicate co-morbidities, malignancy history, nutritional status, infection, etc.): | | | |

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| --- | --- | --- | --- |
| **LABORATORY DATA** | | | |
| **Renal** | Patient | Lab Date | Normal Range |
| Bun |  |  |  |
| Creatinine |  |  |  |
| **Hepatic** | Patient | Lab Date | Normal Range |
| AST (SGOT) |  |  |  |
| ALT (SGPT |  |  |  |
| Alk Phos |  |  |  |
| Amylase |  |  |  |
| T Bili |  |  |  |
| PT |  |  |  |
| PTT |  |  |  |
| HBsAg |  |  |  |
| **Other** | Patient | Lab Date | Normal Range |
| WBC |  |  |  |
| Platelets |  |  |  |
| Albumin |  |  |  |
| Calcium |  |  |  |
| Sodium |  |  |  |
| Potassium |  |  |  |
| Chloride |  |  |  |
| CO2 |  |  |  |
| Glucose |  |  |  |
| Phosphorus |  |  |  |
| Cholesterol |  |  |  |
| Uric Acid |  |  |  |
| T Protein |  |  |  |
| LDH |  |  |  |
| HIV Screening |  |  |  |
| Anti HBC |  |  |  |
| Anti HBS |  |  |  |
| Anti HCV |  |  |  |
| Anti HBSAG |  |  |  |

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| **Psychosocial Evaluation/Quality of Life**  (Support system, informed consent, attitude about transplant, aftercare, complications, etc.): |
|  |

|  |  |  |
| --- | --- | --- |
| **Ohio Medicaid Insurance**  The Ohio Medicaid Required Information Form should be submitted along with this summary. | | |
| **Select Type:** | Standard Medicaid | Medicaid Managed Care Plan |