|  |  |
| --- | --- |
| Today’s date | Click here to enter a date. |
| Referring physician  Children's National Medical Center | Choose an item. |
| Referring physician  Pediatric specialists of Virginia | Choose an item. |
| Patient |  |
| MRN |  |
| DOB |  |
| Diagnosis  Genetic testing (include report if not in cerner) | Choose an item.  Choose an item. |
| Is patient on dialysis | Choose an item. |
| Contact numbers/email  If not available in Cerner |  |
| Problem list (if not in Children's National Medical Center Cerner) |  |
| Synopsis of Past Medical History/including any transplant specific concerns |  |
| Synopsis of Surgical History  (if not available in Children's National Medical Center Cerner) |  |
| Psychosocial and adherence | Missed appointments Choose an item.  Missed dialysis treatments Choose an item.  Medication adherence Choose an item.  Any psychosocial concerns:  Home care involvement:  Reason for home care: |
| Has patient been vaccinated with PCV 20 or PPSV 23, if no can be given at pre tx clinic | Choose an item. |

**Requested documents and testing for referral. Please send any of the following that is available if not in Cerner. Any testing not available at the time of referral will be ordered during the work up process.**

**Documents:**

Presentation history

Last three nephrology clinic visit letters including medication list

Clinic letters from any other specialists

Demographics

Copy of insurance card

Copy of 2728 if applicable

Immunization record (meningitis, pneumovax 23/PCV20 are recommended for patients >2yo)

**Laboratory studies:**

ABO X2

QuantiFERON gold (or PPD)

Measles IgG

Mumps IgG

Rubella IgG

Varicella IgG

Hepatitis A antibody

Hepatitis B surface antibody

Hepatitis B surface antigen

Hepatitis B core antibody

Hepatitis C antibody

Hep C PCR

HSV antibody IgG

RPR

Toxoplasmosis IgG

HIV I/II antibody

CMV IgG

EBV IgG

PT/PTT  
Factor VIII

Antithrombin III

Homocysteine

Anticardiolipin panel

Factor V Leiden

Prothrombin gene mutation

Genetic testing if indicated

**Studies:**

Chest xray

Echocardiogram

EKG

Renal ultrasound

VCUG if indicated