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| --- |
| REQUEST DATE– (Y/M/D) |

**PATIENT INFORMATION**

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| --- | --- | --- |
| CTR ID | PERSONAL HEALTH NUMBER | DOB – (Y/M/D)  (­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_) |
| cPRA VALUE | Dialysis Start Date   (­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_) | BLOOD TYPE |

**SPONSORING PHYSICIAN INFORMATION**

|  |  |
| --- | --- |
| NAME OF SPONSORING PHYSICIAN | TRANSPLANT CENTRE |

**Pre-requisites**

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| --- | --- |
| Approved for and actively listed on the standard deceased donor list, applicable ABO Compatible lists and local  “O” list, by local transplant centre |  |
| Listed as Medically Urgent on the local deceased donor list |  |

**CLINICAL DIAGNOSIS INFORMATION**

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| MEDICAL RATIONALE FOR REQUEST – Select Applicable Reason(s) |
| **Lack of Hemodialysis access**  SELECT :  *No SUITABLE VESSELS*  *No vascular surgery availability*  *other (Please Specify in Comments)*  Comments: |
| **Lack of PD Access**  Please choose:  *Previously failed PD*  *Adhesions or other surgical contraindication*  *patient preference* |
| **Uremic Cardiomyopathy**  SELECT:  *PD*  *Intermitent hd 4x/wk or less*  *daily HD*  *Heart CathETERIZATION Done (iF yes, Specify Result in Comments)*  Comments: |
| **Other Conditions** – Provide Details: |

|  |  |
| --- | --- |
| **How to fill out the Highly Sensitized Kidney Patient Medical Urgency (2MU) Data COLLECTION Form** |  |
|  |  |
| REQUEST DATE – **Please ensure that the form is dated.** | 🞏 |
| patient information – **Please ensure that this section is filled out in full, as it allows us to identify the recipient in question.** | 🞏 |
| sponsoring physician information – **Please ensure that this section is filled out in full.** | 🞏 |
| clinical diagnosis information – **A clinical diagnosis is required, with comments indicating the reason for the request for a medically urgent status.** | 🞏 |
| form submission – **Fax or email this form to the following coordinates:**  Fax **613-260-4090**  Email[**transplantregistry@blood.ca**](mailto:transplantregistry@blood.ca) |  |
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