



Dear Dr. _____,

Your patient, _____, has consented to organ donation following their MAID procedure. Please arrange to have the following tests completed prior to their hospital admission.

Do not hesitate to contact _____ at _____ if you have any questions.

Monitoring

- Weight _____ kg
- Height _____ cm
- Most recent documented vital signs
- Blood pressure _____
- Heart Rate _____

Laboratory Investigations

- Date and time of last resulted blood work _____
- Blood for serology and Human Leukocyte Antigen (only to be collected after consultation with Ontario Health (Trillium Gift of Life Network))

Hematology, Coagulation, Blood Bank

- CBC
- APTT
- INR
- Group + Screen (including subtype)

Chemistry

- Electrolytes
- Protein Total
- Albumin
- Bilirubin (total and direct)
- Creatinine
- Calcium
- ALT
- Lactate
- Glucose
- Magnesium
- AST
- Lipase
- BUN
- Phosphate
- ALP
- Amylase
- LDH
- GGT
- Urinalysis
- Urine albumin to creatinine ratio
- HgbA1C

Microbiology, Virology

- Blood C&S
- Urine C&S

Additional Lab Orders

- _____
- _____

Diagnostic Tests

- Chest x-ray
- Abdominal ultrasound (please request the following):
 - Kidney: size, shape, cortical thickness, presence of cysts, doppler flow
 - Liver: size (including craniocaudal measurements), presence of cirrhosis and/or steatosis
 - Please report all abnormalities, including incidental findings not related to organ-specific request

Sincerely,
Dr. Andrew Healey
Provincial Medical Director-Donation

483 Bay Street, South Tower, 4th Floor, Toronto ON, M5G 2C9
Tel: (416) 363-4001 1-800-263-2833
Fax: (416) 363-4002

12 October 2023

