



Living Donor Criteria

Living donor medical work-up includes but not limited to:

- ❖ 24 hour urine collection (requirement is 2 normal)
- ❖ Renal Anatomy and Vasculature via CTA of the abdomen and pelvis
- ❖ Weight – Individualized based on habitus. Targeted BMI < 35 for all potential renal donors.
- ❖ Negative TB Quant or if PPD+/History of TB – Infectious Disease clearance
- ❖ Psychosocial Evaluation or Clearance from psychiatrist/clinical psychologist as indicated
- ❖ CXR/EKG
- ❖ Blood Pressure monitoring
- ❖ Oral Glucose Tolerance Test (OGTT)
- ❖ Serologies
- ❖ Compatibility testing
- ❖ Age specific testing (i.e. PSA, stress test, etc)
- ❖ Cancer screening
- ❖ Any additional testing deemed necessary by the surgeon or transplant team

Contraindications to living donation include but not limited to:

- ❖ Heart or Lung disease
- ❖ Diabetes Mellitus or Gestational Diabetes
- ❖ Gastric Bypass in the last year or active kidney stones as a result of surgery
- ❖ Active Cancer
- ❖ History of cancer is subject to further discussion by the donor surgeon and the kidney transplant committee
- ❖ Kidney Disease-chronic kidney infections, active kidney stone disease
- ❖ Hypertension requiring treatment with two or more antihypertensives
- ❖ BMI > 35%, depending on body habitus and surgeon discretion
- ❖ Systemic Lupus Erythematosus
- ❖ Multiple Sclerosis
- ❖ Hepatitis C
- ❖ HIV
- ❖ Crohn's disease
- ❖ Age < 18; no definitive age cut off, but certain circumstances are subject to discussion by transplant team
- ❖ Female donors must refrain from use of birth control or hormone replacement for 4 - 6

The psychosocial evaluation by the living donor social worker to include:

- ❖ Absence of psychological problems
- ❖ Current, effective treatment of psychological problems
- ❖ Evidence of high-risk behavior

Living Donor Advocate evaluation by the living donor social worker that represents:

- ❖ No evidence of coercion
- ❖ Ability to make decisions for self
- ❖ Understanding of risks related to kidney donation