UHNBC Transplant Clinic – All Sites

Standing Orders – Adults – General

Last Name:
First Name (Preferred Name):
Encounter number: NH Number: Chart Created: Y/N
Date of Birth: Gender: Age: Encounter Type:
Responsibility for Payment: PHN:
Primary Care Physician/Attending Physician:
PATIENT LABEL

Transplant
Address: 1475 Edmonton St. Prince George, BC. V2M 1S2
Phone: (250) 565-2823 I Fax: (250) 565-2530
Ordering Practitioner: See checked box in table below.

Bill to: ☐ MSP ☐ Patient ☐ Other

Patient's Phone Number:________________________

Practitioners working in Kidney Care Clinic
(KCCs: Include name, MSP #, address & phone # for each ordering practitioner. May use address & phone # of RTC if results to go to RTC).

	Practitioner Name	MSP#	Address	Phone		Practitioner Name	MSP#	Address	Phone
☐	Dr K Bashir	26054	1475 Edmonton St. Prince George, BC V2M 1S2	250 565-2823	☐	Dr A Singh	65063	1475 Edmonton St. Prince George, BC V2M 1S2	250 565-2823
☐	Dr F Din	63580	1475 Edmonton St. Prince George, BC V2M 1S2	250 565-2823	☐				

Additional copies to (maximum of 3 requests): PROMIS, Renal Clinic ☐

FP/NP:________________________ MSP #:______________________ Other: __________________ MSP #:____________________
Other: ________________________ MSP #:______________________

Laboratory Work (✓ applicable boxes)	Weekly	Q1 Monthly	Q3 Monthly	Q6 Monthly	Q12 Monthly	PRN
CBC + Automated Differential						
Na^+, K^+, Cl^-, Bicarbonate, Urea, Creat						
Glucose ☐ **Fasting**						
Albumin						
Ca^{2+},						
PO_4						
Ferritin						
Serum Iron, TIBC, Iron Saturation						
Uric Acid						
Bilirubin Total and Direct						
Alk Phos						
AST						
ALT						
iPTH						
C2 Cyclosporine Level, 2 hour post dose*						
Tacrolimus Level*						
Sirolimus Level*						
*Indicate dose ☐ **Peak** ☐ **Trough**:	Last Dose: DATE:			TIME:		
LDL, HDL, Cholesterol, Trig ☐ **Fasting**						
Urine Albumin to Creatinine Ratio (ACR)						
Urine Creatinine						
Urine macroscopic (dipstick) with reflex to microscopic and Culture if indicated (UA-CII)						
HgbA1C						
Other (please specify)						
AntiHBs, Anti HBc, HBsAg, HCV						
BK PCR & Polyomavirus(JC) PCR						
CMV PCR						

Date Referring: ___________________________ **Practitioner's Signature:** __________________________________