

SELECTION CRITERIA FOR KIDNEY TRANSPLANT LISTING - ADULT

INDICATIONS (Check all that apply)	
	End Stage Renal Disease
	Documented creatinine clearance less than or equal to 20 cc/minute
	Documentation of initiation of dialysis
	Documented diagnosis of ESRD (GFR ≤ 20 mL/min)
REQU	IREMENTS
	Patient desire
	Completion of required evaluation workup
	Medical and Surgical Clearance
	Psychosocial Clearance
	Financial Clearance
	Nutritional Clearance (as deemed necessary by the examining physician)
	Pharmacist Clearance
	LUTE CONTRAINDICATIONS — (to be assessed and determined by transplant team)
	TIVE CONTRAINDICATIONS – (to be determined on a case by case basis) History of melanoma
	Received the following that the following state of the following s
	BMI of =/< 40

