



Renal Blood Work Reference Form

Yes No

HBsAb (Anti-HBS) Pos
 Diabetic
 Transplant List

| | Date | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
|--------------------------------------------------------------------------------|-----------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Hemodialysis Bloodwork Q 6 weeks | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ALP q 3 months | | | | | | | | | | |
| ALT q 6 months | | | | | | | | | | |
| HgbA1c q 3 months (if diabetic) | | | | | | | | | | |
| Glucose Random q yearly | | | | | | | | | | |
| PTH q 3 months | | | | | | | | | | |
| HBsAb (Anti-HBS) q 12 months (if HBsAB positive) | | | | | | | | | | |
| HBsAg q 6 months (if HBsAB negative) | | | | | | | | | | |
| Hepatitis C q yearly | | | | | | | | | | |
| Iron Bloodwork (Serum Iron, TIBC, TSAT) q 12 weeks (If not on Anemia Protocol) | Nurse to put in diagnostics on profile | | | | | | | | | |
| Ferritin as ordered | | | | | | | | | | |
| NOTES: | | | | | | | | | | |
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| Unit Clerk Initial | | | | | | | | | | |