

**Eurotransplant HU Evaluation Form**  
**FAX : 0031-71-579 0515**



**Kidney Transplantation**

**Transplant Center:** .....

**Date of request:** ..... (dd/mm/yy)

**Recipient name:** .....

**Date of birth:** ..... (dd/mm/yy)

**ET Number:** .....

**Doctor in charge:** .....

**Signature:** .....

**Phone:** .....

**Fax:** .....

# **Eurotransplant** **High Urgency Request**



## **Kidney Transplantation**

ET Nr.: .....

INDICATION FOR HU

### **Request from all Eurotransplant countries (present or foreseeable life-threatening situation)**

- Imminent lack of access for both hemodialysis and peritoneal dialysis  
Please include report from a competent specialist in dialysis access surgery.
  
- Inability to cope with dialysis with a high risk for suicide  
Please include reports from two competent, independent psychiatrists.
  
- Severe bladder problems (hematuria, cystitis etc.) due to kidney graft failure after simultaneous kidney + pancreas transplantation, provided that the pancreas graft is bladder-drained and functioning adequately
  - Please enter the date- and cause of Kidney transplant failure in the Eurotransplant kidney transplant follow-up database
  - Please include:
    - Report of the kidney/pancreas transplant procedure
    - Report of a competent urologist

### **Request from Austria, Belgium, Croatia, Luxembourg, the Netherlands or Slovenia**

- Severe uremic polyneuropathy  
Please include report from a competent neurologist