

# Intestinal Transplant Evaluation Tests



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Please Note: Depending on your individual case, your transplant team will determine which tests to order for your specific transplant evaluation. This just serves as a helpful guide to keep track of your appointments and information received.

Test/ Procedure	Purpose	Date Scheduled	Date Completed	Additional Notes
Blood Tests	<ul style="list-style-type: none"><li>Determine how serious organ disease is and which organs are diseased</li><li>Determine blood type</li><li>Determine immunity or presence of certain viruses</li></ul>	___/___/___	___/___/___	
Chest X-Ray	<ul style="list-style-type: none"><li>Assess the lungs</li></ul>	___/___/___	___/___/___	
Urine Test	<ul style="list-style-type: none"><li>Screen for urinary tract disease</li><li>Test for alcohol and drugs</li></ul>	___/___/___	___/___/___	
EKG	<ul style="list-style-type: none"><li>Assess the electrical activity of your heart</li></ul>	___/___/___	___/___/___	
Echocardiogram	<ul style="list-style-type: none"><li>Assess the structure of your heart</li></ul>	___/___/___	___/___/___	

<b>Stress Test</b>	<ul style="list-style-type: none"><li>Assess the cardiovascular capacity of your heart</li></ul>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
<b>Cardiac Catheterization</b>	<ul style="list-style-type: none"><li>Diagnose and treat problems with your heart</li></ul>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
<b>CT Scan and/or MRI</b>	<ul style="list-style-type: none"><li>Assess how diseased your organ is</li><li>Check for any tumors</li><li>Check the blood supply to and from the diseased organ</li></ul>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
<b>Biopsy</b>	<ul style="list-style-type: none"><li>Help to determine cause of disease</li><li>Assess how diseased the organ is</li></ul>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
<b>Ultrasound</b>	<ul style="list-style-type: none"><li>Determine size and shape of organ</li><li>Check for tumors</li></ul>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	
<b>Pulmonary Function Test</b>	<ul style="list-style-type: none"><li>Assess function of the lungs</li></ul>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	

<b>Endoscopy</b>	<ul style="list-style-type: none"> <li>• May include colonoscopy, esophagogastroduodenoscopy (EGD), endoscopic retrograde cholangiopancreatography (ERCP), bronchoscopy, small bowel capsule endoscopy</li> <li>• Assesses the inside of organs</li> <li>• Possible source of biopsies</li> </ul>	___/___/___	___/___/___	
<b>Venous Mapping</b>	<ul style="list-style-type: none"> <li>• Assess vascular access in the body</li> </ul>	___/___/___	___/___/___	
<b>Pap Smear (females)</b>	<ul style="list-style-type: none"> <li>• Screen for cervical cancer</li> </ul>	___/___/___	___/___/___	
<b>Mammogram</b>	<ul style="list-style-type: none"> <li>• Screen for breast cancer</li> </ul>	___/___/___	___/___/___	
<b>DEXA Scan</b>	<ul style="list-style-type: none"> <li>• Assess bone health</li> </ul>	___/___/___	___/___/___	

Additional Tests My Team Ordered:



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