Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center (02) 441-7442 Trunkline (02) 441-7444
www.philhealth.gov.ph

Bawat Pilipino MIYEMBRO
Bawat miyembro PROTEKTADO
Kalusugan natin SEGURADO

Case No. _____

Annex "C2 – KT"

LABORATORY MONITORING FOR RECIPIENT AND DONOR FORM
End Stage Renal Disease requiring Kidney Transplantation (Low Risk)

Tranche 2

HEALTH CARE INSTITUTION (HCI)
ADDRESS OF HCI
PATIENT (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF PATIENT ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐
MEMBER (if patient is a dependent) (Last name, First name, Middle name, Suffix)
PHILHEALTH ID NUMBER OF MEMBER ☐☐ - ☐☐☐☐☐☐☐☐☐☐ - ☐

Recipient	**Dates Performed**			
CBC (4x)				
Creatinine (4x)				
FBS (4x)				
Potassium (1x)				
SGPT (1x)				
Lipid profile (1x)				
Therapeutic drug level (2x)				

Donor	
CBC (1x)	
Creatinine (1x)	
Urinalysis (1x)	

Certified correct by:	Conforme by:
(Printed name and signature) Attending Nephrologist	(Printed name and signature) Patient/Parent/Guardian
PhilHealth Accreditation No. ☐☐☐☐–☐☐☐☐☐☐☐–☐	Date signed (mm/dd/yyyy)
Date signed (mm/dd/yyyy)	

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IMMUNOSUPPRESSIVE MEDICATIONS
End Stage Renal Disease requiring Kidney Transplantation (Low Risk)

Attachment to Tranche 2

Date:

Patient's Name **Age** **Sex**

Date of KT

Present Medications

¨	**cyclosporin** **Brand name:**	_____ **mg in the AM**	_____ **mg in the PM** **25 mg tab** **100 mg tab**
¨	**mycophenolate mofetil** **Brand name:**	**500 mg**	_____ **tabs** _____ **times a day**
¨	**mycophenolate sodium** **Brand name:**	**360 mg**	_____ **tabs** _____ **times a day**
¨	**tacrolimus** **Brand name:**	**1 mg**	_____ **tabs** _____ **times a day**
¨	**everolimus** **Brand name:**	**0.25 mg**	_____ **tabs** _____ **times a day**
¨	**sirolimus** **Brand name:**	**1 mg**	_____ **tabs** _____ **times a day**
¨	**prednisone** **Brand name:**	_____ **mg**	_____ **tabs** _____ **times a day**
¨	**azathioprine** **Brand name:**	**50 mg**	_____ **tabs** _____ **times a day**

Attending Physician

License No.