

**Records** ?

**Kidney-Pancreas Transplant Recipient Follow-Up Worksheet**

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
Previous Follow-Up:	Previous Px Stat Date:
Transplant Discharge Date:	<input style="width: 100%;" type="text"/>
State of Permanent Residence:	<input style="width: 100%;" type="text"/>
Zip Code:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>

Provider Information	
Recipient Center:	
Followup Center:	
Physician Name:	<input style="width: 100%;" type="text"/>
UPIN#:	<input style="width: 100%;" type="text"/>
Follow-up Care Provided By:	<input type="radio"/> Transplant Center <input type="radio"/> Non Transplant Center Specialty Physician <input type="radio"/> Primary Care Physician <input type="radio"/> Other Specify
Specify:	<input style="width: 100%;" type="text"/>

Donor Information	
UNOS Donor ID #:	
Donor Type:	

Patient Status	
Date: Last Seen, Retransplanted or Death *	<input style="width: 100%;" type="text"/>
Patient Status: *	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
If Retransplanted, choose organ(s):	<input type="radio"/> Kidney <input type="radio"/> Pancreas <input type="radio"/> Kidney/Pancreas
Primary Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Contributory Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Contributory Cause of Death:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Hospitalizations:	
Has the patient been hospitalized since the last patient status date:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Number of Hospitalizations:	<input style="width: 20%;" type="text"/> St= <input style="width: 20%;" type="text"/>
Noncompliance:	
Was there evidence of noncompliance with immunosuppression medication during this follow-up period that compromised the patient's recovery:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

**Functional Status:**

- Performs activities of daily living with NO assistance.
- Performs activities of daily living with SOME assistance.
- Performs activities of daily living with TOTAL assistance.
- Not Applicable (example: Patient hospitalized, < 1 year old)
- Unknown

**Physical Capacity:**

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (example: < 1 year old)
- Unknown

**Working for income:**

YES  NO  UNK

**If No, Not Working Due To:**

- Disability
- Demands of Treatment
- Insurance Conflict
- Inability to Find Work
- Patient Choice - Homemaker
- Patient Choice - Student Full Time/Part Time
- Patient Choice - Retired
- Patient Choice - Other
- Unknown

**If Yes:**

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

**Academic Progress:**

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old
- Status Unknown

**Academic Activity Level:**

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old
- Status Unknown

**Primary Insurance at Follow-up:**

**Specify:**

**Clinical Information**

**Height:**  ft.  in.  cm %ile **St=**

**Weight:**  lbs.  kg %ile **St=**

**BMI:**  %ile

**Urine Protein Found By Any Method:**  YES  NO  UNK

**Kidney Graft Status:**  Functioning  Failed

**Kidney Date of Failure:**

Acute Rejection  
 Primary Failure  
 Graft Thrombosis  
 Infection

**Kidney Primary Cause of Graft Failure:**  Urological Complications  
 Recurrent Disease  
 Chronic Rejection  
 BK (Polyoma) Virus  
 Other, Specify

**Specify**

**Contributory causes of graft failure:**

**Kidney Acute Rejection**  YES  NO  UNK

**Kidney Chronic Rejection**  YES  NO  UNK

**Kidney Graft Thrombosis**  YES  NO  UNK

**Kidney Infection**  YES  NO  UNK

**Urological Complications**  YES  NO  UNK

**Patient Noncompliance**  YES  NO  UNK

**Recurrent Disease:**  YES  NO  UNK

**BK (Polyoma) Virus**  YES  NO  UNK

**Kidney Other Contributory Cause of Graft Failure**

**Most Recent Serum Creatinine:**  mg/dl **St=**

NO  
 YES, RESUMED MAINTENANCE DIALYSIS  
 YES, NO MAINTENANCE RESUMPTION  
 YES, MAINTENANCE RESUMPTION UNKNOWN  
 UNKNOWN

**Dialysis Since Last Follow-Up:**

**Date Maintenance Dialysis Resumed:**

**Select a Dialysis Provider:**

**State:**  **ESRD Network:**

**Provider #:**

**Provider Name:**

**Pancreas Graft Status:**  Functioning  Partial Function  Failed

Insulin  
 Oral medication

**Method of blood sugar control:**

**Date insulin/medication resumed:**

**Pancreas Date of Failure**

**Pancreas Graft Removed:**  YES  NO  UNK

**Date Pancreas Removed:**

**Pancreas Primary Causes of Graft Failure**

**Specify:**

**Contributory causes of graft failure:**

Pancreas Graft/Vascular Thrombosis	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Pancreas Infection	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Pancreas Bleeding	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Anastomotic Leak	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Pancreas Rejection: Acute	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Pancreas Chronic Rejection	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Biopsy Proven Isletitis	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Pancreatitis	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Patient Noncompliance	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Other, Specify:	<input type="text"/>

Conv. From Bladder to Enteric Drain Performed:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Enteric Drain Date:	<input type="text"/>

Serum Amylase:	<input type="text"/> u/L	St=	<input type="text"/>
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**Pancreas Transplant Complications (Not leading to graft failure):**

Pancreatitis	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Anastomotic Leak	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Abcess or Local Infection	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Other, Specify:	<input type="text"/>

<p>Did patient have any kidney acute rejection episodes during the follow-up period:</p> <p>Was biopsy done to confirm acute rejection:</p>	<input type="radio"/> Yes, at least one episode treated with anti-rejection agent <input type="radio"/> Yes, none treated with additional anti-rejection agent <input type="radio"/> No <input type="radio"/> Unknown  <input type="radio"/> Biopsy not done <input type="radio"/> Yes, rejection confirmed <input type="radio"/> Yes, rejection not confirmed <input type="radio"/> Unknown
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<p>Did patient have any pancreas acute rejection episodes during the follow-up period:</p> <p>Was biopsy done to confirm acute rejection:</p>	<input type="radio"/> Yes, at least one episode treated with anti-rejection agent <input type="radio"/> Yes, none treated with additional anti-rejection agent <input type="radio"/> No <input type="radio"/> Unknown  <input type="radio"/> Biopsy not done <input type="radio"/> Yes, rejection confirmed <input type="radio"/> Yes, rejection not confirmed <input type="radio"/> Unknown
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**Viral Detection**

Were any of the following viruses diagnosed for onset or recurrence during this follow-up period: (HIV, CMV, HBV, HCV, EBV, BK)

	<input type="radio"/> YES <input type="radio"/> NO
HIV	<input type="radio"/> YES <input type="radio"/> NO
<b>Test</b>	<b>Result</b>
Was there clinical disease (ARC,AIDS):	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Antibody:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
RNA:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose

**CMV**  YES  NO

Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
IgG:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
IgM:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Nucleic Acid Testing:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Culture:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose

**HBV**  YES  NO

Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Liver Histology:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Core Antibody:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Surface Antigen:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
HBV DNA:	<input type="radio"/> Positive <input type="radio"/> Negative

Not Done  
 UNK/Cannot Disclose

**HCV**  YES  NO

Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Liver Histology:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
Antibody:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
RIBA:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
HCV RNA:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose

**EBV**  YES  NO

Test	Result
Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
IgG:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
IgM:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
EBV DNA:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose

**BK**  YES  NO

Was there clinical disease:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Kidney Histology:	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> Not Done
	<input type="radio"/> UNK/Cannot Disclose
	<input type="radio"/> Positive
	<input type="radio"/> Negative

DNA(PCR) Testing:	<input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive
Urine Cytology:	<input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose

<b>Postransplant Malignancy:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Donor Related:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>Recurrence of Pre-Tx Tumor:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>De Novo Solid Tumor:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
<b>De Novo Lymphoproliferative disease and Lymphoma:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

**Treatment**

<b>Biological or Anti-viral therapy:</b>	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Unknown/Cannot disclose
	<input type="checkbox"/> Acyclovir (Zovirax) <input type="checkbox"/> Cytogamn (CMV) <input type="checkbox"/> Gamimune <input type="checkbox"/> Gammagard <input type="checkbox"/> Ganciclovir (Cytovene) <input type="checkbox"/> Valgancyclovir (Valcyte) <input type="checkbox"/> HBIG (Hepatitis B Immune Globulin) <input type="checkbox"/> Flu Vaccine (Influenza Virus) <input type="checkbox"/> Lamivudine (Epivir) (for treatment of Hepatitis B) <input type="checkbox"/> Other, Specify
If Yes, check all that apply:	
<b>Specify:</b>	<input type="text"/>
<b>Specify:</b>	<input type="text"/>

<b>Treatment for BK (polyoma) virus:</b>	<input type="radio"/> YES <input type="radio"/> NO
	<input type="checkbox"/> Yes, Immunosuppression reduction <input type="checkbox"/> Yes, Cidofavir <input type="checkbox"/> Yes, IVIG <input type="checkbox"/> Yes, Type Unknown <input type="checkbox"/> Yes, Other, Specify
If Yes, check all that apply:	
<b>Specify:</b>	<input type="text"/>

<b>Other therapies:</b>	<input type="radio"/> YES <input type="radio"/> NO
	<input type="checkbox"/> Photopheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Total Lymphoid Irradiation (TLI)
If Yes, check all that apply:	

**Immunosuppressive Information**

<b>Previous Validated Maintenance Follow-Up Medications:</b>	
<b>Were any medications given during the follow-up period for maintenance:</b>	<input type="radio"/> Yes, same as previous validated report <input type="radio"/> Yes, but different than previous validated report <input type="radio"/> None given

<b>Did the physician discontinue all maintenance</b>	
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immunosuppressive medications:  YES  NO

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Did the patient participate in any clinical research protocol for immunosuppressive medications:  YES  NO

Specify:

**Immunosuppressive Medications**

**View Immunosuppressive Medications**

**Definitions Of Immunosuppressive Follow-Up Medications**

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

**Induction (Ind)** immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: Methylprednisolone, Atgam, Thymoglobulin, OKT3, Simulect, or Zenapax). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect or Zenapax was given in 2 doses a week apart, then the total number of days would be 2, even if the second dose was given after the patient was discharged.

**Maintenance (Maint)** includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

**Anti-rejection (AR)** immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (example: from Tacrolimus to Cyclosporine; or from Mycophenolate Mofetil to Azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

	Prev Maint	Curr Maint	AR
Steroids (Prednisone, Methylprednisolone, Solumedrol, Medrol, Decadron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atgam (ATG, Anti-thymocyte Globulin)/NRATG/NRATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OKT3 (Orthoclone, Muromonab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect - Basiliximab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zenapax - Daclizumab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Azathioprine (AZA, Imuran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EON (Generic Cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gengraf (Abbott Cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other generic Cyclosporine, specify brand: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neoral (CyA-NOF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sandimmune (Cyclosporine A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mycophenolate Mofetil (MMF, Cellcept, RS61443)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tacrolimus (Prograf, FK506)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sirolimus (RAPA, Rapamycin, Rapamune)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Immunosuppressive Medications**

	Prev Maint	Curr Maint	AR
Campath - Alemtuzumab (anti-CD52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclophosphamide (Cytoxan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Investigational Immunosuppressive Medications**

	Prev Maint	Curr Maint	AR
Everolimus (RAD, Certican)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ERL (Myfortic) - Mycophenolate Sodium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FTY 720	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**UNOS View Only**

Comments:

