

Records ?

Kidney 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
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: 100%;" type="text"/>
Disease Recurrence:	<input type="radio"/> No recurrence <input type="radio"/> Suspected recurrence (not confirmed or unknown is confirmed by biopsy) <input type="radio"/> Biopsy confirmed recurrence
TRR Diagnosis:	

	<input type="radio"/> Unknown
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:	<input type="radio"/> Performs activities of daily living with NO assistance. <input type="radio"/> Performs activities of daily living with SOME assistance. <input type="radio"/> Performs activities of daily living with TOTAL assistance. <input type="radio"/> Not Applicable (example: Patient hospitalized, < 1 year old) <input type="radio"/> Unknown
Physical Capacity:	<input type="radio"/> No Limitations <input type="radio"/> Limited Mobility <input type="radio"/> Wheelchair bound or more limited <input type="radio"/> Not Applicable (example: < 1 year old) <input type="radio"/> Unknown
Working for income:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
If No, Not Working Due To:	<input type="radio"/> Disability <input type="radio"/> Demands of Treatment <input type="radio"/> Insurance Conflict <input type="radio"/> Inability to Find Work <input type="radio"/> Patient Choice - Homemaker <input type="radio"/> Patient Choice - Student Full Time/Part Time <input type="radio"/> Patient Choice - Retired <input type="radio"/> Patient Choice - Other <input type="radio"/> Unknown
If Yes:	<input type="radio"/> Working Full Time <input type="radio"/> Working Part Time due to Demands of Treatment <input type="radio"/> Working Part Time due to Disability <input type="radio"/> Working Part Time due to Insurance Conflict <input type="radio"/> Working Part Time due to Inability to Find Full Time Work <input type="radio"/> Working Part Time due to Patient Choice <input type="radio"/> Working Part Time Reason Unknown <input type="radio"/> Working, Part Time vs. Full Time Unknown
Academic Progress:	<input type="radio"/> Within One Grade Level of Peers <input type="radio"/> Delayed Grade Level <input type="radio"/> Special Education <input type="radio"/> Not Applicable < 5 years old <input type="radio"/> Status Unknown
Academic Activity Level:	<input type="radio"/> Full academic load <input type="radio"/> Reduced academic load <input type="radio"/> Unable to participate in academics due to disease or condition <input type="radio"/> Not Applicable < 5 years old <input type="radio"/> Status Unknown
Primary Insurance at Follow-up:	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>
Clinical Information	

Height: ft. in. cm %ile ST=

Weight: lbs. kg %ile ST=

BMI: %ile

Urine Protein Found By Any Method: YES NO UNK

Diabetes during the follow-up period: YES NO UNK

If yes, insulin dependent: YES NO UNK

Graft Status: Functioning Failed

If Functioning, Most Recent Serum Creatinine: mg/dl St=

Date of Failure:

Acute Rejection

Primary Failure

Graft Thrombosis

Infection

Primary Cause of Graft Failure: Urological Complications

Recurrent Disease

Chronic Rejection

BK (Polyoma) Virus

Other, Specify

Other, Specify:

Contributory causes of graft failure:

Acute Rejection YES NO UNK

Chronic Rejection YES NO UNK

Graft Thrombosis YES NO UNK

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

Other, Specify:

NO

YES, RESUMED MAINTENANCE DIALYSIS

Dialysis Since Last Follow-Up: YES, NO MAINTENANCE RESUMPTION

YES, MAINTENANCE RESUMPTION UNKNOWN

UNKNOWN

Date Maintenance Dialysis Resumed:

Select a Dialysis Provider:

State: ESRD Network:

Provider #:

Provider Name:

Yes, at least one episode treated with anti-rejection agent

Did patient have any acute rejection episodes during the follow-up period: Yes, none treated with additional anti-rejection agent

No

- Was biopsy done to confirm acute rejection:
- Unknown
 - Biopsy not done
 - Yes, rejection confirmed
 - Yes, rejection not confirmed
 - Unknown

Viral Detection

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

- YES NO

HIV

- YES NO

Test

Result

Was there clinical disease (ARC,AIDS):

- YES NO UNK

Antibody:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

RNA:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

CMV

- YES NO

Test

Result

Was there clinical disease:

- YES NO UNK

IgG:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

IgM:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Nucleic Acid Testing:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Culture:

- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV

- YES NO

Test

Result

Was there clinical disease:

- YES NO UNK

Liver Histology:

- Positive
- Negative
- Not Done
- 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 <input type="radio"/> Not Done <input type="radio"/> 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
	<input type="radio"/> Positive <input type="radio"/> Negative

EBV DNA:	<input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
BK	<input type="radio"/> YES <input type="radio"/> 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
DNA(PCR) Testing:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Urine Cytology:	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not Done <input type="radio"/> UNK/Cannot Disclose
Post Transplant Malignancies:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Donor Related:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Recurrence of Pre-Tx Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Post Tx De Novo Solid Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
De Novo Lymphoproliferative disease and Lymphoma:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Treatment

Biological or Anti-viral therapy:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Unknown/Cannot disclose
If Yes, check all that apply:	<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
Specify:	<input type="text"/>
Specify:	<input type="text"/>

Treatment for BK (polyoma) virus:	<input type="radio"/> YES <input type="radio"/> NO
If Yes, check all that apply:	<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
Specify:	<input type="text"/>

Other therapies: YES NO

Photopheresis

If Yes, check all that apply: Plasmapheresis

Total Lymphoid Irradiation (TLI)

Immunosuppressive Information

Previous Validated Maintenance Follow-Up Medications:

Were any medications given during the follow-up period for maintenance:

Yes, same as previous validated report

Yes, but different than previous validated report

None given

Did the physician discontinue all maintenance immunosuppressive medications: YES NO

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 (Cytosan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leflunomide (LFL)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

UNOS View Only	
Comments:	<input type="text"/>