CTS COLLABORATIVE TRANSPLANT STUDY

Immunosuppressive Follow up ___**Years**___ after Transplantation

Transplant Center _____ Recipient Name (Last, First) or ID _____ Transplant Date (Day/Month/Year) _____

Current Serum Creatinine:
☐ < 1.5 mg% (< 130 µmol/L)
☐ 1.5 - 3.0 mg% (130 - 260 µmol/L)
☐ 3.0 - 4.5 mg% (260 - 400 µmol/L)
☐ > 4.5 mg% (> 400 µmol/L)

Current Blood Pressure: Systolic _____ mm Hg
Diastolic _____ mm Hg
Is patient on antihypertensive drugs (excl diuretics)? ☐ no ☐ yes
Does patient receive ACE inhibitor or ARBs? ☐ no ☐ yes

Was patient treated for rejection during the last year? ☐ no ☐ yes

If yes: **How many** rejections were treated? ☐ 1 ☐ 2 ☐ 3 ☐ >3

Date **first rejection** diagnosed or date rejection treatment started: ____ Day ____ Month ____ Year

Rejection treatment with: ATG? ☐ no ☐ yes _____ Manufacturer

Monoclonal Antibodies? ☐ no ☐ yes _____ Type, Manufacturer

Was patient tested with Luminex SA during the last year? ☐ no ☐ yes

If yes: **Class I** ☐ neg ☐ pos pos beads _____ % DSA ☐ no ☐ yes highest MFI _____

Class II ☐ neg ☐ pos pos beads _____ % DSA ☐ no ☐ yes highest MFI _____

Serum date of highest MFI ____ Day ____ Month ____ Year

Current immunosuppressive therapy

	no	yes	Dosage	Trough Level	
Cyclosporine	☐	☐	_____ mg/day	_____ ng/mL	Optoral/Neoral ☐ Generic ☐
Tacrolimus	☐	☐	_____ mg/day	_____ ng/mL	Prograf ☐ Advagraf ☐ Generic ☐
Mycophenolates	☐	☐	_____ g/day	_____ µg/mL	CellCept ☐ Myfortic ☐ Generic ☐
Sirolimus/Rapamycin	☐	☐	_____ mg/day	_____ ng/mL	
Everolimus/Certican	☐	☐	_____ mg/day	_____ ng/mL	
Azathioprine	☐	☐	_____ mg/day		
Belatacept/Nulojix	☐	☐	_____ mg/4weeks		If taken off Nulojix during last year: _____ Reason
Steroids	☐	☐	_____ mg/day		Prednisone ☐ Prednisolone ☐ Methylprednisolone ☐ Other ☐ _____ specify

If taken off MPA during last year: _____ Reason
If switched from one MPA to another MPA during last year: _____ Reason

or alternating _____ mg Steroids on first day
_____ mg Steroids on second day

Other immunosuppressive drugs currently administered: _____

Patient is on Diltiazem ☐ no ☐ yes

Current weight of the patient: _____ kg

Height of the patient: _____ cm (if < 19 years)

Current Serum Cholesterol **Total:**
☐ < 200 mg/dL (< 5.0 mmol/L)
☐ 200 - 250 mg/dL (5.0 - 6.5 mmol/L)
☐ 250 - 300 mg/dL (6.5 - 8.0 mmol/L)
☐ > 300 mg/dL (> 8.0 mmol/L)

HDL: _____ mg/dL or _____ mmol/L

LDL: _____ mg/dL or _____ mmol/L

Is this patient **currently a smoker?** ☐ no ☐ yes

Is this patient **currently treated for diabetes?** ☐ no ☐ yes

Is patient on "**Statin**" treatment? ☐ no ☐ yes

Hospitalization because of infection during the last year? ☐ no ☐ yes

If yes: ☐ bacterial _____ specify bacterium
☐ fungal
☐ viral — ☐ CMV ☐ Herpes ☐ Other _____ specify virus

Date of first hospitalization: ____ Day ____ Month ____ Year

Does this patient **currently** show evidence of:

Osteonecrosis ☐ no ☐ yes

Osteoporosis ☐ no ☐ yes

If yes: ☐ mild ☐ moderate ☐ severe

Hip Fracture (ever) ☐ no ☐ yes

If yes: Year _____

Cataract ☐ no ☐ yes

Aside from graft function **general condition of patient:**
☐ good ☐ moderate ☐ poor

If moderate or poor, indicate reason(s):
☐ Infections
☐ Cardio-Vascular
☐ Compliance
☐ Obesity
☐ Other _____ specify

Date _____ Signature _____

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