
CTS Collaborative Transplant Study

Covid-19 Information – Effective from February 2022

Dear Colleague

We still hope that the Covid-19 pandemic will come to an end sometime in the future. Therefore, we decided not to change the CTS forms, but at the same time we do not want to miss Covid-19-related information. Please list below the transplant recipients from your center who had a SARS-CoV-2 infection in the (A) pre- and/or (B) post-transplant phase with or without hospitalization.

(A) Transplant recipients with pre-transplant SARS-CoV-2 infection

Recipient Name (Last, First) or ID	Transplant Date Dy/Mo/Yr	SARS-CoV-2- Vaccinated: Yes/No	If yes: Number of Vaccinations prior to a SARS- CoV-2 infection	Date of Last Vaccination prior to a SARS-CoV-2 infection Dy/Mo/Yr	SARS-CoV2- infection Diagnosis Date Dy/Mo/Yr	SARS-CoV2 Virus Variant, if known	Hospitalized because of Covid-19: Yes/No	If yes: Date of Hospitalization because of Covid-19 Dy/Mo/Yr

(B) Transplant recipients with post-transplant SARS-CoV-2 infection

Recipient Name (Last, First) or ID	Transplant Date Dy/Mo/Yr	SARS-CoV-2- Vaccinated: Yes/No	If yes: Number of Vaccinations prior to a SARS- CoV-2 infection	Date of Last Vaccination prior to a SARS-CoV-2 infection Dy/Mo/Yr	SARS-CoV2- infection Diagnosis Date Dy/Mo/Yr	SARS-CoV2 Virus Variant, if known	Hospitalized because of Covid-19: Yes/No	If yes: Date of Hospitalization because of Covid-19 Dy/Mo/Yr

Transplant Center: _____ Date: _____ Completed by: _____

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