

CTS COLLABORATIVE TRANSPLANT STUDY

KIDNEY TRANSPLANT

Transplant Center _____

RECIPIENT

Name (Last, First) or ID _____ Age _____ Sex _____ Race _____ AB0 _____
 Month Year _____
 Dialysis started _____

Patient was on:
 Hemodialysis only
 CAPD only
 Hemo + CAPD
 no dialysis

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

Pretransplant Blood Transfusions

Enter zero if none was given. Leave blank if not known exactly.

Number units ever given: _____

Date last transfused prior to transplant _____

Day _____ Month _____ Year _____

History of smoking? yes no

Currently smoking? yes no

Treatment for diabetes? yes no

Antihypertensive drugs? (excl diuretics) yes no

Viral Status

EBV pos neg

CMV pos neg

CMV prophylaxis

yes _____
 no Type, Manufacturer _____

Pretransplant Antibodies

Lymphocytotoxicity

Highest _____ Latest _____
 T cells or unsep.: _____ % pos

B cells: _____ % pos

sCD30 Level: _____ units/mL

Solid Phase Assay (latest serum)

Class I neg pos % panel

ELISA _____

Luminex _____

Class II neg pos % panel

ELISA _____

Luminex _____

Original Disease

- Chronic GN _____
- Pyelonephritis _____
- Nephrosclerosis _____
- Polycystic _____
- Diabetes-Juvenile Type I _____
- Diabetes Type II _____
- Other _____ specify _____

Your general evaluation of this patient as candidate for transplantation:

- good
- moderate
- poor

If moderate or poor, indicate reason(s):

- Age
- Cardio-Vascular
- Compliance
- Obesity
- Other _____ specify _____

Immunosuppressive Protocol

(intention to treat)

Belatacept/Nulojix IL2R-antibody induction

Cyclosporine Tacrolimus

Optoral/Neoral Prograf

Generic Advagraf

Azathioprine Mycophenolate (MPA)

Everolimus/Certican CellCept

Sirolimus/Rapamycin Myfortic

Steroids Generic

ATG prophylactic: _____ ATG Manufacturer _____

Other monoclonal antibody: _____

Other Immunosuppression: _____

Patient is enrolled in immunosuppressive trial

TRANSPLANT

Transplant Date

Day _____ Month _____ Year _____

Donor (Relationship)

- Deceased
- Parent
- Sibling
- Offspring
- Other _____ specify _____

Graft No.

- First
- Second
- Third
- _____

Combined kidney + pancreas transplant

Pancreas transplant only

Sequential pancreas after previous kidney

Islets

Cold ischemia of pancreas (hours) _____

Other combined organ transplant _____ specify _____

Crossmatch results

Indicate results obtained with + (pos) or - (neg), leave rest blank

Highest Reactive Serum	Whole Lymphocytes		T cells		B cells (unabsorbed)		Flow	ELISA	Indicate where relevant:				
	22°	37° or 22°	37° or 22°	5°	Autologous X-match against recipient cells				DTT X-match				
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Latest Serum	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

DONOR

Name (Last, First) or ID _____ Age _____ Sex _____ Race _____ AB0 _____

Viral Status: EBV pos neg

CMV pos neg

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

Kidney

- local
- shipped

Ischemia Times

First warm (min) _____

Cold (hours) _____

Preservation

cold storage → Eurocollins

machine UW Solution

HTK Solution

Celsior

Other _____ specify _____

Donor Death

- Trauma
- Cerebrovascular
- Other _____ specify _____

Treated with

- Dopamine
- Noradrenalin
- no treatment

Donor history of hypertension

Marginal donor for other reason _____ specify _____

Non-heartbeating donor

Date _____

Signature _____

Mail to: Transplantation Immunology
 Im Neuenheimer Feld 305
 D-69120 Heidelberg · Germany