The Nordic Pediatric Renal Transplant Study Group

Initial Registration Form
Complete and submit at discharge following renal transplantation

Centre: ___________________________ Date of transplantation: ___________________________

Patient data at admission for transplantation

Patient initials: ______ Date of birth: _______________ Weight: ______ kg Height: ______ cm

Renal diagnosis (ERA-EDTA PRD coding): __________________________________________________

Pre-emptive transplantation: No ☐ Dialysis since, date: __________________

Yes ☐ Creatinine at time of tx: ______ μmol/L mGFR at time of tx: ______ ml/min

Transplantation data

Cold ischemia time: ______ minutes Graft placement: Intraperitoneal ☐ Extraperitoneal ☐

Immunosuppression

Induction: None ☐ Thymo ☐ Anti-CD25 ☐ Other: __________________________

Maintenance: Tacrolimus (twice daily) _____ C0 ng/ml Tacrolimus (extended release) _____ C0 ng/ml

Cyclosporin _____ C0 ng/ml Sirolimus _____ C0 ng/ml Everolimus _____ C0 ng/ml

MMF _____ mg daily dose Myfortic _____ mg daily dose Azathioprine _____ mg daily dose

Prednisolone _____ mg average daily dose Others (specify, incl dose) __________________________

Rejections during primary stay

No ☐ Yes ☐ Date ______ Date ______

Normal ☐ AMR acute ☐ AMR chronic ☐ Borderline ☐ Banff 1A ☐ Banff 1B ☐ Banff 2A ☐ Banff 2B ☐ Banff 3 ☐ Chronic T-cell mediated ☐ Interstitial fibr & tub atrophy ☐ Other ☐ Unknown ☐

Graft loss during primary stay

No ☐ Yes ☐ Date of graft loss: __________________________

Patient death during primary stay

No ☐ Yes ☐ Date of death: __________________________

Cause of death: __________________________

Data at discharge

Date of discharge: __________________________

Treatment status

Dialysis ☐ Functioning graft ☐