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: _______________ Height: ______ cm Weight: ______ kg

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/1.73m²

GFR method: __________________ GFR date: ______________

Transplantation data

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

Immunosuppression

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

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

at time of discharge

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 fibrosis & tubular 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 ☐