



### Follow-up Form

Complete and submit yearly after renal transplantation

Centre: \_\_\_\_\_

Date of follow-up: \_\_\_\_\_

Patient initials: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Date of transplantation: \_\_\_\_\_

### Present status since last report

Alive with a functioning graft  Alive in dialysis

Death with a functioning graft  Death in dialysis  Cause of death: \_\_\_\_\_

Lost to follow up  Reason: \_\_\_\_\_

### For patients with a functioning graft

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Syst BP: \_\_\_\_\_ mm Hg Diast BP: \_\_\_\_\_ mm Hg

Present creatinine: \_\_\_\_\_  $\mu\text{mol/L}$

GFR: \_\_\_\_\_ ml/min/1.73m<sup>2</sup> GFR method: \_\_\_\_\_ GFR date: \_\_\_\_\_

U prot/creat: \_\_\_\_\_ mg/g  mg/mmol  U alb/creat: \_\_\_\_\_ mg/g  mg/mmol

DU prot \_\_\_\_\_ g/L ND

Antihypertensive treatment: No  Yes  No of drugs \_\_\_\_\_

### Immunosuppression

Tacrolimus (extended release) \_\_\_\_\_ C0 ng/ml Tacrolimus (twice daily) \_\_\_\_\_ 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) \_\_\_\_\_

### Malignancies since last FU report

No  Unknown  Yes  Date: \_\_\_\_\_ PTLD  Skin cancer  Other cancer



# The Nordic Pediatric Renal Transplant Study Group

Centre: \_\_\_\_\_ Scandia no: \_\_\_\_\_

Patient initials: \_\_\_\_\_ Date of transplantation: \_\_\_\_\_

## Acute rejections since last FU report

No

Yes       Date \_\_\_\_\_      Date \_\_\_\_\_      Date \_\_\_\_\_

Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMR acute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AMR chronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Borderline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banff 1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banff 1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banff 2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banff 2B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banff 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic T-cell mediated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstit fibr & tub atroph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Log in and enter data on [www.scandiatx.org](http://www.scandiatx.org) or send original completed form to:**

NPRTSG  
att: Marie Tranäng  
Department of Transplantation Surgery F82  
Karolinska University Hospital Huddinge  
SE-141 86 Stockholm  
Sweden