

Scandiatransplant Pancreas registry pre tx form			
Scandia number:		Date of birth:	
Basic data			
Inscription height	cm	Inscription weight	kg
Diagnosis:	<input type="checkbox"/> Diabetes mellitus Type I (insulin dependent) <input type="checkbox"/> Diabetes mellitus Type II (non-insulin dependent) <input type="checkbox"/> Other		
Indication:	<input type="checkbox"/> Type 1 diabetes <input type="checkbox"/> Diabetic nephropathy <input type="checkbox"/> Brittle diabetes <input type="checkbox"/> Other <input type="checkbox"/> No information		
Cause of re-tx:	<input type="checkbox"/> Rejection, acute <input type="checkbox"/> Rejection, chronic <input type="checkbox"/> Loss of function <input type="checkbox"/> Vein thrombosis <input type="checkbox"/> Arterial thrombosis <input type="checkbox"/> Infection <input type="checkbox"/> Other <input type="checkbox"/> No information		
Laboratory tests			
Creatinine	μmol/l	C-peptide	nmol/l
GFR	ml/min/1,73m ²		
Infection			
<input type="checkbox"/> CMV: Anti-CMV (cytomegalovirus)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> CovAb: Anti-SARS-CoV-2 (covid-19 antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> Covid: SARS-CoV-2 RNA (covid-19)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> EBV: Anti-EBV IgG (Epstein-Barr)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HBc: Anti-HBc (antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HBsAb: Anti-HBs (antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HBsAg: Hepatitis Bs antigen	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HCV: Anti-HCV (antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HCVAg: Hepatitis C antigen (RNA)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HDV: Hepatitis Delta Virus (antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HIVab: Anti-HIV (antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HIVag: HIV antigen	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> HSV: Anti.HSV (antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> LUES: Syphilis antibody	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> MV: Anti-MV IgG (Morbili virus antibody)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> TOXO: Toxoplasma antibodies	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
<input type="checkbox"/> VZV: Varicella zoster virus	<input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Doubtful <input type="checkbox"/> Not done		
Infection comments:			

Scandiarttransplant Pancreas registry tx form		
Scandia number:	Date of birth:	
<i>At transplantation</i>		
Cold ischemia time:	hours	minutes
Bleeding:	<input type="checkbox"/> No <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Intra-abdominal	<input type="checkbox"/> Unspecified location <input type="checkbox"/> No information
Number of blood units:		
Vascular reconst:	<input type="checkbox"/> No <input type="checkbox"/> Venous extension graft <input type="checkbox"/> Y graft	<input type="checkbox"/> Y graft + venous extension graft <input type="checkbox"/> Other <input type="checkbox"/> No information
Venous vascular management: <input type="checkbox"/> Portal system <input type="checkbox"/> Systematic system		
Exocrin diversion: <input type="checkbox"/> Bladder <input type="checkbox"/> Duodenum <input type="checkbox"/> Jejunum <input type="checkbox"/> Other <input type="checkbox"/> No information		
<i>Post-tx (Within the first 30 days)</i>		
Primary non-func pancreas (insulin depended):	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes	
Delayed graft function (kidney):	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes	
Delayed graft function (pancreas):	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes	
Re-operation/intervention: <input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Immunosuppression:	<input type="checkbox"/> Anti-lymphocyte globulin <input type="checkbox"/> Acetic salicylic acid <input type="checkbox"/> Anti-thymocyte globulin <input type="checkbox"/> Azathioprin <input type="checkbox"/> Azitromycin <input type="checkbox"/> Basiliximab <input type="checkbox"/> Blinded drug <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Cyclosporin-A <input type="checkbox"/> Daclizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None	<input type="checkbox"/> Fotopheres <input type="checkbox"/> Gammaglobin <input type="checkbox"/> Glycocorticosteroids <input type="checkbox"/> IL-2 block <input type="checkbox"/> Mycophenolate acid <input type="checkbox"/> Mycomophetil <input type="checkbox"/> Anti-CD3 antibodies <input type="checkbox"/> Plasmapheres <input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other
Complication: <input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
<input type="checkbox"/> Arterial thrombosis	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:	
<input type="checkbox"/> Abscess	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:	

<input type="checkbox"/> Anastomosis leakage	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Cardiovascular complications	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Fistula	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Neurologic complications	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Pancreatitis	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Pulmonary/ respiratory complications	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Renal complications	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Suspected rejections treated	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Vascular complications	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Vein thrombosis	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:
<input type="checkbox"/> Other complication	<input type="checkbox"/> Grade I <input type="checkbox"/> Grade II <input type="checkbox"/> Grade III <input type="checkbox"/> Grade IIIa <input type="checkbox"/> Grade IIIb <input type="checkbox"/> Grade IV <input type="checkbox"/> Grade IVa <input type="checkbox"/> Grade IVb <input type="checkbox"/> Grade V <input type="checkbox"/> No information Specify:

Scandiatransplant Pancreas registry follow up form			
Scandia number:		Date of birth:	
Basic			
Date of follow up:			
Height: cm		Weight: kg	
Status			
Insulin needed:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Steroid use:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Reoperation/intervention:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Vascular complications:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Arterial thrombosis:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Vein thrombosis:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes, blocked <input type="checkbox"/> Yes, partial		
Rejection:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Rejection treated:	<input type="checkbox"/> No <input type="checkbox"/> No information <input type="checkbox"/> Yes		
Rejection grade:	<input type="checkbox"/> Normal <input type="checkbox"/> AMR active <input type="checkbox"/> AMR chronic <input type="checkbox"/> Borderline changes <input type="checkbox"/> Acute T-cell mediated 1A <input type="checkbox"/> Acute T-cell mediated 1B <input type="checkbox"/> Acute T-cell mediated 2A	<input type="checkbox"/> Acute T-cell mediated 2B <input type="checkbox"/> Acute T-cell mediated 3 <input type="checkbox"/> Chronic T-cell mediated <input type="checkbox"/> Interstitial fibrosis and tubular atrophy <input type="checkbox"/> Other <input type="checkbox"/> No information	
Date of graft loss:			
Laboratory test			
C-peptide: nmol/l	Creatinine: μmol/l	HbA1x (IFFCC): mmol/l	
GFR: ml/min/1,73m ²	GFR method: <input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured		
OGTT			
Glucose 0 min: mmol/l	Insulin 0 min: pmol/l	C-peptide 0 min: nmol/l	
Glucose 30 min: mmol/l	Insulin 30 min: pmol/l	C-peptide 30 min: nmol/l	
Glucose 60 min: mmol/l	Insulin 60 min: pmol/l	C-peptide 60 min: nmol/l	
Glucose 120 min: mmol/l	Insulin 120 min: pmol/l	C-peptide 120 min: nmol/l	