



**Follow-up form** Complete and submit yearly after renal transplantation

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

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

**Present status since last report**

- Alive with a functioning graft     Alive with failed graft
- Death with a functioning graft     Dead with failed graft
- Date of death: \_\_\_\_\_ Cause of death: \_\_\_\_\_
- Date of graft loss: \_\_\_\_\_ Cause of graft loss: \_\_\_\_\_
- Hyperacute rejection (within 48 hours)
- Rejection - taking immunosuppressive drug(s)
- Rejection - stopped taking immunosuppressive drug(s)
- Recurrent primary renal disease
- Vascular or ureteric operative problems
- Vascular thrombosis not related to operation or rejection
- Infection of graft
- Removal of functioning graft
- 'Non-viable' kidney
- Other
- Not investigated
  
- Lost to follow up, reason: \_\_\_\_\_

**For patients with a functioning graft**

Weight: \_\_\_\_\_ kg    Height: \_\_\_\_\_ cm    P-creatinine: \_\_\_\_\_  $\mu$ mol/L  NA

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

GFR method: \_\_\_\_\_ GFR date: \_\_\_\_\_

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

DU prot: \_\_\_\_\_ g/L  NA

Systolic blood pressure \_\_\_\_\_ mm Hg  NA    Diastolic blood pressure: \_\_\_\_\_ mm Hg  NA

Hypertensive treatment:  No  NA  Yes    No of drugs: \_\_\_\_\_

<b>Scandia no:</b> _____			
<b>Immunosuppression</b>			
Tacrolimus (extended release)	C0 ng/ml	<input type="checkbox"/>	NA
Tacrolimus (twice daily)	C0 ng/ml	<input type="checkbox"/>	NA
Cyclosporin	C0 ng/ml	<input type="checkbox"/>	NA
Sirolimus	C0 ng/ml	<input type="checkbox"/>	NA
Everolimus	C0 ng/ml	<input type="checkbox"/>	NA
MMF	mg daily dose	<input type="checkbox"/>	NA
Myfortic	mg daily dose	<input type="checkbox"/>	NA
Azathioprine	mg daily dose	<input type="checkbox"/>	NA
Prednisolone	mg avg. daily dose	<input type="checkbox"/>	NA
Others (specify, incl. dose):			
<b>Malignancies since last FU report</b>			
<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Event date: _____   Type: <input type="checkbox"/> PTLD <input type="checkbox"/> Skin cancer <input type="checkbox"/> Other cancer			
<b>Acute rejections since last FU report</b>			
<input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes			
	Date _____	Date _____	Date _____
Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active AMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic AMR	<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 atrophy	<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"/>

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