



Initial Registration Form

Complete and submit at discharge following renal transplantation

Date of transplantation:

Patient data at admission for transplantation

Patient initials:	Date of birth:
Height: cm	Weight: kg
Renal diagnosis (ERA-EDTA PRD coding):	

Transplantation data

Cold ischemia time	minutes	<input type="checkbox"/> NA
Graft placement:	<input type="checkbox"/> Intraperitoneal <input type="checkbox"/> Extraperitoneal	<input type="checkbox"/> NA

Pre-emptive transplant

<input type="checkbox"/> No	Dialysis since, date:
<input type="checkbox"/> Yes	Creatinine at time of tx: $\mu\text{mol/L}$ <input type="checkbox"/> NA
	Latest GFR before tx ml/min/1.73m^2 <input type="checkbox"/> NA
	<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
	GFR date: GFR method:

Immunosuppression

Induction	<input type="checkbox"/> None <input type="checkbox"/> Thymo <input type="checkbox"/> Anti-CD25
	<input type="checkbox"/> IV steroids <input type="checkbox"/> NA <input type="checkbox"/> Other
Maintenance	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):

Rejections during primary stay

<input type="checkbox"/> No	
<input type="checkbox"/> NA	
<input type="checkbox"/> Yes	Date:
	<input type="checkbox"/> Normal <input type="checkbox"/> Active AMR <input type="checkbox"/> Chronic AMR
	<input type="checkbox"/> Borderline <input type="checkbox"/> Banff 1A <input type="checkbox"/> Banff 1B
	<input type="checkbox"/> Banff 2A <input type="checkbox"/> Banff 2B <input type="checkbox"/> Banff 3
	<input type="checkbox"/> Chronic T-cell mediated <input type="checkbox"/> Interstit fibr & tub atroph <input type="checkbox"/> Unknown
	Other:

Discharge

	Date:
Treatment	<input type="checkbox"/> Dialysis <input type="checkbox"/> Functioning graft

Patient death during primary stay

<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Date: Cause: