

Scandiatransplant lung follow up form		
Scandia number:	Date of birth:	
Basics		
Date of follow up:	Follow up label:	
Weight:	kg	Height cm
Graft function		
FVC:		FEV1:
TLC:		DLCO: % predicted
O ₂ req. at rest:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	l/min
CLAD:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
CLAD grade:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Acute rejections:	<input type="checkbox"/> Yes, at least one episode treated with anti-rejection agent <input type="checkbox"/> Yes, none treated with additional anti-rejection agent	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Biopsy proven:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
6. min walk test:	with oxygen:	without oxygen:
Immunosuppression		
Maintenance immunosuppression	<input type="checkbox"/> Anti-lymphocyte globulin <input type="checkbox"/> Acetylsalicylic acid <input type="checkbox"/> Anti-thymocyte globulin <input type="checkbox"/> Azathioprine <input type="checkbox"/> Azithromycin <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"/> Photopheresis <input type="checkbox"/> Gamma globulin <input type="checkbox"/> Glucocorticosteroids <input type="checkbox"/> IL-2 block <input type="checkbox"/> Mycophenolic acid <input type="checkbox"/> Mycophenolate mofetil <input type="checkbox"/> Anti-CD3 antibodies <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other
Comments:		
Post tx. events		
Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Diabetes drugs:	<input type="checkbox"/> Insulin <input type="checkbox"/> Per oral <input type="checkbox"/> Other	

Malignancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Malignancy code:	<input type="checkbox"/> Lympho proliferative disease	<input type="checkbox"/> Skin cancer
	<input type="checkbox"/> Other metastatic malignancy	<input type="checkbox"/> Unspecified malignancy
	<input type="checkbox"/> Other primary malignancy	
Infection(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No info	
Infection code	Focus	Comments
<input type="checkbox"/> Aspergillus	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Bacterial non-sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Bacterial sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> CMV	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> PCP	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Toxo	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Other fungal infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Other infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Other viral infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Unspecified infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
Renal function		
GFR:	ml/min/1.73m ²	GFR method: <input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured
S-creatinine:	mmol/l	Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown