

Records

Adult Kidney Transplant Recipient Follow-Up Worksheet

The revised worksheet sample is for reference purposes only and is pending OMB approval.

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI^B application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI^B application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Recipient Information	
Name:	DOB:
SSN:	Gender:
HIC:	Tx Date:
Previous Follow-Up:	Previous Px Stat Date:
Transplant Discharge Date:	<input type="text"/>
State of Permanent Residence: *	<input type="text"/>
Zip Code: *	<input type="text"/> - <input type="text"/>
Provider Information	
Recipient Center:	
Followup Center:	
Physician Name: *	<input type="text"/>
NPI: *	<input type="text"/>
Follow-up Care Provided By: *	<input type="radio"/> Transplant Center <input type="radio"/> Non Transplant Center Specialty Physician <input type="radio"/> Primary Care Physician <input type="radio"/> Other Specify
Specify:	<input type="text"/>
Donor Information	
UNOS Donor ID #:	
Donor Type:	
Patient Status	
Date: Last Seen, Retransplanted or Death *	<input type="text"/>
Patient Status: *	<input type="radio"/> LIVING <input type="radio"/> DEAD <input type="radio"/> RETRANSPLANTED
Primary Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Contributory Cause of Death:	<input type="text"/>
Specify:	<input type="text"/>
Hospitalizations:	
Has the patient been hospitalized since the last patient status date: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Number of Hospitalizations:	<input type="text"/> St= <input type="text"/>
TRR Diagnosis:	Disease Recurrence: <input type="radio"/> No recurrence <input type="radio"/> Suspected recurrence (not confirmed or unknown is confirmed by biopsy) <input type="radio"/> Biopsy confirmed recurrence <input type="radio"/> Unknown
Noncompliance:	
Was there evidence of noncompliance with immunosuppression medication during this follow-up period that compromised the patient's recovery:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Functional Status: *	<input style="width: 100%;" type="text"/>
Physical Capacity:	<input type="radio"/> No Limitations <input type="radio"/> Limited Mobility <input type="radio"/> Wheelchair bound or more limited <input type="radio"/> Not Applicable (< 1 year old or hospitalized) <input type="radio"/> Unknown
Working for income:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK If No, Not Working Due To: <input style="width: 100%;" type="text"/> If Yes: <input type="radio"/> Working Full Time <input type="radio"/> Working Part Time due to Demands of Treatment <input type="radio"/> Working Part Time due to Disability <input type="radio"/> Working Part Time due to Insurance Conflict <input type="radio"/> Working Part Time due to Inability to Find Full Time Work <input type="radio"/> Working Part Time due to Patient Choice <input type="radio"/> Working Part Time Reason Unknown <input type="radio"/> Working, Part Time vs. Full Time Unknown
Academic Progress:	<input type="radio"/> Within One Grade Level of Peers <input type="radio"/> Delayed Grade Level <input type="radio"/> Special Education <input type="radio"/> Not Applicable < 5 years old <input type="radio"/> Status Unknown
Academic Activity Level:	<input type="radio"/> Full academic load <input type="radio"/> Reduced academic load <input type="radio"/> Unable to participate in academics due to disease or condition <input type="radio"/> Not Applicable < 5 years old/ High School graduate <input type="radio"/> Status Unknown
Primary Insurance at Follow-up: *	<input style="width: 100%;" type="text"/>
Specify:	<input style="width: 100%;" type="text"/>

Clinical Information				
Height:	<input style="width: 100%;" type="text"/> ft. <input style="width: 100%;" type="text"/> in.	<input style="width: 100%;" type="text"/> cm	%ile	ST= <input style="width: 100%;" type="text"/>
Weight:	<input style="width: 100%;" type="text"/> lbs.	<input style="width: 100%;" type="text"/> kg	%ile	ST= <input style="width: 100%;" type="text"/>
BMI:	<input style="width: 100%;" type="text"/> kg/m ²		%ile	
Urine Protein Found By Any Method:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			
Diabetes onset during the follow-up period: *	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			
If yes, insulin dependent:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK			
Graft Status: *	<input type="radio"/> Functioning <input type="radio"/> Failed			
If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.				
If Functioning, Most Recent Serum Creatinine:	<input style="width: 100%;" type="text"/> mg/dl	St= <input style="width: 100%;" type="text"/>		
Date of Failure:	<input style="width: 100%;" type="text"/>			
Primary Cause of Graft Failure:	<input style="width: 100%;" type="text"/>			
Other, Specify:	<input style="width: 100%;" type="text"/>			
Contributory causes of graft failure:				
Acute Rejection				

- YES NO UNK
- Chronic Rejection YES NO UNK
- Graft Thrombosis YES NO UNK
- Infection YES NO UNK
- Urological Complications YES NO UNK
- Patient Noncompliance YES NO UNK
- Recurrent Disease YES NO UNK
- BK (Polyoma) Virus YES NO UNK
- Other, Specify:

- NO
 - YES, RESUMED MAINTENANCE DIALYSIS
 - YES, NO MAINTENANCE RESUMPTION
 - YES, MAINTENANCE RESUMPTION UNKNOWN
 - UNKNOWN
- Dialysis Since Last Follow-Up: *
- Date Maintenance Dialysis Resumed:
- Select a Dialysis Provider:
- Provider #:
- Provider Name:

- Yes, at least one episode treated with anti-rejection agent
 - Yes, none treated with additional anti-rejection agent
 - No
 - Unknown
- Did patient have any acute rejection episodes during the follow-up period: *
- Was biopsy done to confirm acute rejection:
- Biopsy not done
 - Yes, rejection confirmed
 - Yes, rejection not confirmed
 - Unknown

- Viral Detection:
- CMV IgG:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose
- CMV IgM:
- Positive
 - Negative
 - Not Done
 - UNK/Cannot Disclose

- YES NO UNK
- Post Transplant Malignancies: *
- Donor Related: YES NO UNK
- Recurrence of Pre-Tx Tumor: YES NO UNK
- Post Tx De Novo Solid Tumor: YES NO UNK
- De Novo Lymphoproliferative disease and Lymphoma: YES NO UNK

Treatment

Biological or Anti-viral therapy:

YES NO Unknown/Cannot disclose

Acyclovir (Zovirax)

Cytogam (CMV)

Gamimune

Gammagard

Ganciclovir (Cytovene)

Valgancyclovir (Valcyte)

HBIG (Hepatitis B Immune Globulin)

Flu Vaccine (Influenza Virus)

Lamivudine (Epivir) (for treatment of Hepatitis B)

Valacyclovir (Valtrex)

Other, Specify

If Yes, check all that apply:

Specify:

Specify:

Treatment for BK (polyoma) virus:

YES NO

Yes, Immunosuppression reduction

Yes, Cidofovir

Yes, IVIG

Yes, Type Unknown

Yes, Other, Specify

If Yes, check all that apply:

Specify:

Other therapies:

YES NO

Photopheresis

Plasmapheresis

Total Lymphoid Irradiation (TLI)

If Yes, check all that apply:

Immunosuppressive Information

Previous Validated Maintenance Follow-Up Medications:

Were any medications given during the follow-up period for maintenance:

Yes, same as previous validated report

Yes, but different than previous validated report

None given

Did the physician discontinue all maintenance immunosuppressive medications:

YES NO

Did the patient participate in any clinical research protocol for immunosuppressive medications:

YES NO

Specify:

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Follow-Up Medications

For each of the immunosuppressant medications listed, check **Previous Maintenance (Prev Maint)**, **Current Maintenance (Curr Maint)** or **Anti-rejection (AR)** to indicate all medications that were prescribed for the recipient during this follow-up period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Previous Maintenance (Prev Maint) includes all immunosuppressive medications given during the report period, which covers the period from the last clinic visit to the current clinic visit, *for varying periods of time which may be either long-term or intermediate term with a tapering of the dosage until the drug is either eliminated or replaced by another long-term maintenance drug* (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes.

Current Maintenance (Curr Maint) includes all immunosuppressive medications given at the current clinic visit to begin in the next report *for varying periods of time which may be either long-term or intermediate term with a tapering of the dosage until the drug is either eliminated or replaced by another long-term maintenance drug* (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode since the last clinic visit (example: Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (example: from Tacrolimus to Cyclosporine; or from Mycophenolate Mofetil to Azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

Note: The Anti-rejection field refers to any anti-rejection medications since the last clinic visit, not just at the time of the current clinic visit.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Previous Maint, or Current Maint, or AR next to Other Immunosuppressive

Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

	Prev Maint	Curr Maint	AR
Steroids (Prednisone, Methylprednisolone, Solumedrol, Medrol, Decadron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atgam (ATG)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OKT3 (Orthoclone, Muromonab)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Simulect - Basiliximab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Zenapax - Daclizumab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Azathioprine (AZA, Imuran)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EON (Generic Cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gengraf (Abbott Cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other generic Cyclosporine, specify brand: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Neoral (CyA-NOF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sandimmune (Cyclosporine A)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mycophenolate Mofetil (MMF, Cellcept, RS61443)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tacrolimus (Prograf, FK506)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Modified Release Tacrolimus FK506E (MR4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sirolimus (RAPA, Rapamycin, Rapamune)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Myfortic (Mycophenolate Sodium)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Immunosuppressive Medications			
	Prev Maint	Curr Maint	AR
Campath - Alemtuzumab (anti-CD52)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cyclophosphamide (Cytosan)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL, Arava)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Immunosuppressive Medication, Specify <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituximab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Investigational Immunosuppressive Medications			
	Prev Maint	Curr Maint	AR
Everolimus (RAD, Certican)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FTY 720	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

UNOS View Only	
Comments:	<input type="text"/>