Records

Adult Kidney Transplant Recipient Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011
Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI® 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® 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.

Name:

DOB:

SSN:

Gender:

HIC:

Tx Date:

Previous Follow-Up:

Previous Px Stat Date:

Transplant Discharge Date:

State of Permanent Residence: *

Zip Code: * -

Recipient Center:

Followup Center:

Physician Name: *

NPI#: *

Follow-up Care Provided By: *

- Transplant Center
- Non Transplant Center Specialty Physician
- Primary Care Physician
- Other Specify

Specify:

UNOS Donor ID #:

Donor Type:

Date: Last Seen, Retransplanted or Death *

Patient Status: *

- LIVING
- DEAD
- RETRANSPLANTED

Primary Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Hospitalizations:

Has the patient been hospitalized since the last patient status date: *

- YES
- NO
- UNK

Number of Hospitalizations:

ST=

TRR Diagnosis:

Disease Recurrence:

- No recurrence
- Suspected recurrence (not confirmed or unknown is confirmed by biopsy)
- Biopsy confirmed recurrence
- Unknown

Noncompliance:

Was there evidence of noncompliance with immunosuppression medication during this follow-up period that compromised the patient's recovery:

- YES

NO

UNK

Functional Status: *

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (< 1 year old or hospitalized)
- Unknown

Working for income: * YES NO UNK

If No, Not Working Due To:

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Academic Activity Level:

Full academic load

Reduced academic load

Unable to participate in academics due to disease or condition

Not Applicable < 5 years old/ High School graduate or GED

Status Unknown

Primary Insurance at Follow-up: *

Specify:

Height: ft. in. cm ST=

Weight: lbs. kg ST=

BMI: kg/m^2

Urine Protein Found By Any Method: YES NO UNK

Diabetes onset during the follow-up period: * YES NO UNK

If yes, insulin dependent: YES NO UNK

Graft Status: * Functioning 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: mg/dl ST=

Date of Failure:

Primary Cause of Graft Failure:

Other, Specify:

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:

Dialysis Since Last Follow-Up: *

- NO
- YES, RESUMED MAINTENANCE DIALYSIS
- YES, NO MAINTENANCE RESUMPTION
- YES, MAINTENANCE RESUMPTION UNKNOWN
- UNKNOWN

Date Maintenance Dialysis Resumed:

Select a Dialysis Provider:

Provider #:

Provider Name:

Did patient have any acute rejection episodes during the follow-up period: *

- Yes, at least one episode treated with anti-rejection agent
- Yes, none treated with additional anti-rejection agent
- No
- Unknown

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

Post Transplant Malignancy: *

YES NO UNK

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

Biological or Anti-viral therapy: ○ YES ○ NO ○ Unknown/Cannot disclose

If Yes, check all that apply:

- ☐ 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

Specify: *

Specify:

Treatment for BK (polyoma) virus: ○ YES ○ NO

If Yes, check all that apply:

- ☐ Yes, Immunosuppression reduction
- ☐ Yes, Cidofovir
- ☐ Yes, IVIG

☐ Yes, Type Unknown

☐ Yes, Other, Specify

Specify: *

Other therapies: ○ YES ○ NO

If Yes, check all that apply:

☐ Photopheresis

☐ Plasmapheresis

☐ Total Lymphoid Irradiation (TLI)

Previous Validated Maintenance Follow-Up Medications:

Previous Validated Maintenance Follow-Up Medications:

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

○ Yes, same as validated TRR form

○ 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: *

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.**

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: Methylprednisolone, Atgam, Thymoglobulin, OKT3, Simulect, or Zenapax). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect or Zenapax was given in 2 doses a week apart, then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant *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, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (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.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, 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)		☐		☐		☐	
Atgam (ATG)		☐	☐	☐	☐	☐	
OKT3 (Orthoclone, Muromonab)		☐	☐	☐	☐	☐	
Thymoglobulin		☐	☐	☐	☐	☐	
Simulect - Basiliximab		☐	☐	☐	☐	☐	
Zenapax - Daclizumab		☐	☐	☐	☐	☐	
Azathioprine (AZA, Imuran)		☐		☐		☐	☐
EON (Generic Cyclosporine)		☐		☐		☐	☐
Gengraf (Abbott Cyclosporine)		☐		☐		☐	☐
Other generic Cyclosporine, specify brand:		☐		☐		☐	☐

Neoral (CyA-NOF)	☐	☐	☐ ☐
Sandimmune (Cyclosporine A)	☐	☐	☐ ☐
CellCept (Mycophenolate Mofetil; MMF)	☐	☐	☐ ☐
Generic MMF (Generic CellCept)	☐	☐	☐ ☐
Prograf (Tacrolimus, FK506)	☐	☐	☐ ☐
Generic Tacrolimus (Generic Prograf)	☐	☐	☐ ☐
Advagraf (Tacrolimus Extended or Modified Release)	☐	☐	☐ ☐
Nulojix (Belatacept)	☐	☐	☐ ☐
Sirolimus (RAPA, Rapamycin, Rapamune)	☐	☐	☐ ☐
Myfortic (Mycophenolate Sodium)	☐	☐	☐ ☐

	Prev Maint	Curr Maint	AR
Campath - Alemtuzumab (anti-CD52)	☐ ☐	☐ ☐	☐
Cyclophosphamide (Cytoxan)	☐ ☐	☐ ☐	☐
Leflunomide (LFL, Arava)	☐	☐	☐ ☐
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	☐ ☐	☐ ☐	☐
Other Immunosuppressive Medication, Specify		☐	☐ ☐
Rituximab	☐ ☐	☐ ☐	☐

	Prev Maint	Curr Maint	AR
Zortress (Everolimus)	☐	☐	☐ ☐
Other Immunosuppressive Medication, Specify		☐	☐ ☐