Kidney Transplant Recipient Registration (TRR) Record Field Descriptions

The Transplant Recipient Registration (TRR) records are generated and available immediately after a transplant event is reported through the recipient feedback process in Waitlist℠. A TRR will also be generated in the case of a living donor transplant, where a recipient was added through the donor feedback process in Tiedi®. The TRR record is completed by the transplant center performing the transplant. The registration and hospital discharge follow-up information is combined in this record.

Complete the TRR at hospital discharge or six weeks post transplant, whichever is first. If the recipient is still hospitalized at six weeks post transplant, provide the most recent information available regarding the recipient's progress.

The TRR record must be completed within 60 days from the record generation date. See OPTN Policy for additional information. Use the search feature to locate specific policy information on Data Submission Requirements.

To correct information that is already displayed on an electronic record, call the UNet℠ Help Desk at 1-800-978-4334.

Recipient Information

Name: Verify the last name, first name and middle initial of the transplant recipient is correct. If the information is incorrect, corrections may be made on the recipient's TCR record.

DOB: Verify the displayed date is the recipient's date of birth. If the information is incorrect, corrections may be made on the recipient's TCR record.

SSN: Verify the recipient's social security number is correct. If the information is incorrect, contact the UNet Help Desk at 1-800-978-4334.

Gender: Verify the recipient's gender is correct. If the information is incorrect, corrections may be made on the recipient's TCR record.

HIC: Verify the 9 to 11 character Health Insurance Claim (HIC) number for the recipient indicated on the recipient's most recently updated TCR record is correct. If the recipient does not have a HIC number, you may leave this field blank.

Tx Date: Verify the displayed transplant date is the date of the beginning of the first anastomosis. If the operation started in the evening and the first anastomosis began early the next morning, the transplant date is the date that the first anastomosis began. The transplant is considered complete when the cavity is closed and the final skin stitch/staple is applied. The transplant date is indicated immediately after a transplant event is reported through the recipient feedback process in Waitlist and in the case of a living donor transplant, where a recipient was added through the donor feedback process in Tiedi.

State of Permanent Residence: Select the name of the state of the recipient's permanent address at the time of transplant (location of full-time residence, not transplant center location). This field is **required**. (**List of State codes – See Appendix A**)

Permanent Zip Code: Enter the recipient's permanent zip code at the time of transplant (location of full-time residence, not transplant center location). This field is **required**.

Provider Information

Recipient Center: The Recipient Center information reported in Waitlist displays. Verify that the center information is the hospital where the transplant operation was performed. The Provider Number is the 6-character Medicare identification number of the hospital. This is followed by the Center Code and Center Name.

Surgeon Name: Enter the name of the primary surgeon who performed the transplant operation, and under whose name the transplant is billed. This field is **required**.

Surgeon NPI #: Enter the 10-character CMS (Center for Medicare and Medicaid Services) assigned National Provider Identifier of the transplant surgeon. Your hospital billing office may be able to obtain this number for you. This field is **required**.

Donor Information

UNOS Donor ID #: The UNOS Donor ID number reported in the Recipient Feedback, will display. Each potential donor is assigned an identification number by OPTN/UNOS. This ID number corresponds to the date the donor information was entered into the OPTN/UNOS computer system.

Donor Type: The donor type, reported in the Recipient Feedback, will display. Verify the recipient's donor type is correct. If the information is incorrect, contact the UNet Help Desk at 1-800-978-4334.

Deceased indicates the donor was not living at the time of donation.
Living indicates the donor was living at the time of donation.

Patient Status

Primary Diagnosis: Select the primary diagnosis **for the disease requiring a transplant** for this recipient. If the recipient has had a previous transplant for the same organ type, select **Retransplant/Graft Failure** as the primary diagnosis for that organ. If **Other Specify** is selected, enter the primary diagnosis in the space provided. This field is **required**. (**List of Kidney Diagnosis codes – Appendix I**)

Date: Last Seen, Retransplanted or Death: Complete at discharge (if discharged prior to six weeks from transplant date) or at six weeks from transplant date, whichever occurs first. Enter the date the hospital reported the recipient as living, retransplanted (when the data was obtained prior to the recipient's discharge) or the date of the recipient's death, using the standard 8-digit numeric format of MM/DD/YYYY. This field is **required**.

Patient Status: Complete at discharge (if discharged prior to six weeks from transplant date) or at six weeks from transplant date, whichever occurs first. Select the appropriate status for this recipient. If **Dead** is selected, indicate the cause of death. This field is **required**.

Living
Dead
Retransplanted

Primary Cause of Death: If the Patient Status is **Dead**, select the patient's cause of death. If **Other Specify** is selected, enter the other cause of death in the space provided. (**List of Primary Cause of Death codes – See Appendix S**)

Contributory Cause of Death: If the Patient Status is **Dead**, select the patient's contributory cause of death. Do not select the primary cause, since it cannot be both the primary and contributory cause of death. If **Other Specify** is selected, enter the other cause of death in the space provided. (**List of Contributory Cause of Death codes – See Appendix S**)

Contributory Cause of Death: If the Patient Status is **Dead**, select the patient's contributory cause of death. Do not select the primary cause, since it cannot be both the primary and contributory cause of death. If **Other Specify** is selected, enter the other cause of death in the space provided. (**List of Contributory Cause of Death codes – See Appendix S**)

Note: If the **Patient Status** is **Retransplanted**, then **Failed** must be selected for the **Kidney Graft Status**.

Note: If the patient is being retransplanted, access the patient's last record for their previous transplant and select **Retransplanted** in the **Patient Status** field. This will stop the generation of Transplant Recipient Follow-up (TRF) records associated with the previous transplant.

Transplant Hospitalization:

Date of Admission to Tx Center: Enter the date the recipient was admitted to the transplant center, using the standard 8-digit MM/DD/YYYY format. If the patient was admitted to the hospital before it was determined a transplant was needed, enter the date it was determined the patient needed a transplant. This field is **required**.

Date of Discharge from Tx Center: Enter the date the recipient was released to go home, using the standard 8-digit MM/DD/YYYY format. The recipient's hospital stay includes total time spent in different units of the hospital, including medical and rehabilitation. This information is not required in the TRR record, but if entered here, it will automatically fill in the future TRF records. It is required in the TRF record.

Note: Leave this field blank if the recipient was removed from the waiting list with a code of 21, indicating the recipient died during the transplant procedure.

Functional Status: Select the choice that best describes the recipient's functional status just prior to the time of transplant. This field is **required**.

Note: The Karnofsky Index will display for adults aged 18 and older.

100% - Normal, no complaints, no evidence of disease
90% - Able to carry on normal activity: minor symptoms of disease
80% - Normal activity with effort: some symptoms of disease
70% - Cares for self: unable to carry on normal activity or active work
60% - Requires occasional assistance but is able to care for needs
50% - Requires considerable assistance and frequent medical care
40% - Disabled: requires special care and assistance
30% - Severely disabled: hospitalization is indicated, death not imminent
20% - Very sick, hospitalization necessary: active treatment necessary
10% - Moribund, fatal processes progressing rapidly

Note: The Lansky Score will display for pediatrics aged less than 18.

100% - Fully active, normal
90% - Minor restrictions in physically strenuous activity
80% - Active, but tires more quickly
70% - Both greater restriction of and less time spent in play activity
60% - Up and around, but minimal active play; keeps busy with quieter activities
50% - Can dress but lies around much of day; no active play; can take part in quiet play/activities
40% - Mostly in bed; participates in quiet activities
30% - In bed; needs assistance even for quiet play
20% - Often sleeping; play entirely limited to very passive activities
10% - No play; does not get out of bed
Not Applicable (patient < 1 year old)
Unknown

Note: This evaluation should be in comparison to the person's normal function, indicating how the patient's disease has affected their normal function.

Cognitive Development: (This field is **required** for recipients 18 years of age or younger.) Select the choice that best describes the recipient's cognitive development just prior to the time of transplant. This field is **required**.

Definite Cognitive Delay/Impairment (verified by IQ score <70 or unambiguous behavioral observation)

Probable Cognitive Delay/Impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

Questionable Cognitive Delay/Impairment (not judged to be more likely than not, but with some indication of cognitive delay/impairment such as expressive/receptive language and/or learning difficulties)

No Cognitive Delay/Impairment (no obvious indicators of cognitive delay/impairment)

Not Assessed

Motor Development: (This field is **required** for recipients 18 years of age or younger.) Select the choice that best describes the recipient's motor development just prior to the time of transplant.

Definite Motor Delay/Impairment (verified by physical exam or unambiguous behavioral observation)

Probable Motor Delay/Impairment (not verified or unambiguous but more likely than not, based on behavioral observation or other evidence)

Questionable Motor Delay/Impairment (not judged to be more likely than not, but with some indication of motor delay/impairment)

No Motor Delay/Impairment (no obvious indicators of motor delay/impairment)

Not Assessed

Working for income: ((This field is **required** for recipients older than 18 years of age.) for recipients 19 years of age or older.) If the recipient is working for income just prior to the time of transplant, select **YES**. If not, select **NO**. If unknown, select **UNK**.

Academic Progress: (This field is **required** for recipients less than 18 years of age.) Select the choice that best describes the recipient's academic progress just prior to the time of transplant. If the recipient is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**.

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: (This field is **required** for recipients less than 18 years of age.) Select the choice that best describes the recipient's academic activity level just prior to the time of transplant. If the recipient is less than 5 years old or has graduated from high school, select **Not Applicable < 5 years old/High School graduate or GED**.

Full academic load
Reduced academic load
Unable to participate in academics due to disease or condition
Unable to participate regularly in academics due to dialysis
Not Applicable <5 years old/High School graduate or GED
Status Unknown

Source of Payment:

Primary: Select as appropriate to indicate the recipient's source of primary payment (largest contributor) for the transplant. This field is **required**.

Private insurance refers to funds from agencies such as Blue Cross/Blue Shield, etc. It also refers to any worker's compensation that is covered by a private insurer.

Public insurance - Medicaid refers to state Medicaid funds.

Public insurance - Medicare FFS (Fee for Service) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a recipient.

For additional information about Medicare, see http://www.medicare.gov/Choices/Overview.asp.

Public insurance - Medicare & Choice (also known as Medicare Managed Care) refers to funds from the government in which doctors and other health care providers are paid for each service provided to a recipient, along with additional benefits such as coordination of care or reducing-out-of-pocket expenses. Sometimes a recipient may receive additional benefits such as prescription drugs. For additional information about Medicare, see http://www.medicare.gov/Choices/Overview.asp.

Public insurance - CHIP (Children's Health Insurance Program)

Public insurance - Department of VA refers to funds from the Veterans Administration.

Public insurance - Other government

Self indicates that the recipient will pay for the cost of transplant.

Donation indicates that a company, institution, or individual(s) donated funds to pay for the transplant and care of the recipient.

Free Care indicates that the transplant hospital will not charge recipient for the costs of the transplant operation.

Foreign Government, Specify refers to funds provided by a foreign government (Primary only) Specify foreign country in the space provided. (**List of Foreign Country codes – See Appendix E**)

Unknown

Clinical Information: PRETRANSPLANT

Date of Measurement: (Complete for recipients 18 years of age or younger.) Enter the date, using the 8-digit format of MM/DD/YYYY, the recipient's height and weight were measured.

Height: Enter the height of the recipient, just prior to the time of transplant, in feet and inches or centimeters. If the recipient's height is unavailable, select the appropriate status from the **ST** field (**Missing, Unknown, N/A, Not Done**). This field is **required**. For recipients 18 years old or younger at the time of transplant, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

Weight: Enter the weight of the recipient, just prior to the time of transplant, in pounds or kilograms. If the recipient's weight is unavailable, select the appropriate status from the **ST** field (**Missing, Unknown, N/A, Not Done**). This field is **required**. For recipients 18 years old or younger at the time of transplant, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

BMI (Body Mass Index): The recipient's BMI will display. For candidates less than 20 years of age at the time of transplant, UNet will generate and display calculated percentiles based on the 2000 CDC growth charts.

Percentiles are the most commonly used clinical indicator to assess the size and growth patterns of individual children in the United States. Percentiles rank the position of an individual by indicating what percent of the reference population the individual would equal or exceed (i.e. on the weight-for-age growth charts, a 5 year-old girl whose weight is at the 25th percentile, weighs the same or more than 25 percent of the reference population of 5-year-old girls, and weighs less than 75 percent of the 5-year-old girls in the reference population). For additional information about CDC growth charts, see http://www.cdc.gov/.

Note: Users who check the BMI percentiles against the CDC calculator may notice a discrepancy that is caused by the CDC calculator using 1 decimal place for height and weight and UNet using 4 decimal places for weight and 2 for height.

Previous Transplants: The three most recent transplant(s), indicated on the recipient's validated TRR record(s), will display. Verify all previous transplants listed by organ type, transplant date and graft failure date.

Note: The three most recent transplants on record for this recipient will be displayed for verification. If there are any prior transplants that are not listed here, contact the UNet Help Desk at 1-800-978-4334 or unethelpdesk@unos.org to determine if the transplant event is in the database.

Pretransplant Dialysis: If the recipient was on maintenance dialysis before transplant, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

If Yes, Date of Most Recent Initiation of Chronic Maintenance Dialysis: If the recipient was on maintenance dialysis before transplant, enter the date of most recent initiation of chronic maintenance dialysis. If the date is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown, N/A**, **Not Done**).

Serum Creatinine at Time of TX: Enter the serum creatinine, at the time of transplant, in mg/dl. If the value is unavailable, select the appropriate status from the **ST** field (**Missing**, **Unknown, N/A**, **Not Done**). This field is **required**.

Viral Detection:

HIV Serostatus: Select the serology results from the drop-down list. This field is **required**.

Positive
Negative
Not Done
UNK/Cannot Disclose

Definition: Human Immunodeficiency Virus - Any of several retroviruses and especially HIV-1 that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.

CMV Status: Select the serology results from the drop-down list. This field is **required**.

Positive
Negative
Not Done
UNK/Cannot Disclose

HBV Core Antibody: Select the serology results from the drop-down list. This field is **required**.

Positive
Negative
Not Done
UNK/Cannot Disclose

Definition: Hepatitis B Virus - A sometimes fatal hepatitis caused by a double-stranded DNA virus (genus Orthohepadnavirus of the family Hepadnaviridae) that tends to persist in the blood serum and is transmitted especially by contact with infected blood (as by transfusion or by sharing contaminated needles in illicit intravenous drug use) or by contact with other infected bodily fluids (as during sexual intercourse) -- also called serum hepatitis.

HBV Surface Antibody Total: Select the serology results from the drop-down list. This field is **required**.

Positive
Negative
Not Done
UNK/Cannot Disclose

HBV Surface Antigen: Select the serology results from the drop-down list. This field is **required**.

Positive
Negative
Not Done
UNK/Cannot Disclose

Definition: Hepatitis B Virus - A sometimes fatal hepatitis caused by a double-stranded DNA virus (genus Orthohepadnavirus of the family Hepadnaviridae) that tends to persist in the blood serum and is transmitted especially by contact with infected blood (as by transfusion or by sharing contaminated needles in illicit intravenous drug use) or by contact with other infected bodily fluids (as during sexual intercourse) -- also called serum hepatitis.

HCV Serostatus: Select the serology results from the drop-down list. This field is **required**.

Positive
Negative
Not Done
UNK/Cannot Disclose

Definition: Hepatitis C Virus - A disease caused by a flavivirus that is usually transmitted by parenteral means (as injection of an illicit drug, blood transfusion, or exposure to blood or blood products) and that accounts for most cases of non-A, non-B hepatitis.

EBV Serostatus: Select the serology results from the drop-down list. This field is **required**.

Positive
Negative
Not Done
UNK/Cannot Disclose

Definition: (Epstein-Barr Virus) - A herpes virus (genus Lymphocryptovirus) that causes infectious mononucleosis and is associated with Burkitt's lymphoma and nasopharyngeal carcinoma -- abbreviation EBV; called also EB virus.

Tolerance Induction: Before a transplant occurs the immune system can be prepared for the upcoming graft by attempting to induce graft tolerance. This can be achieved through a variety of protocols. The following are examples of tolerance induction protocols from the Primer on Transplantation 1-4)*:

Administration of moAbs (monoclonal antibodies) targeting cell surface molecules such as CD4, CD8, CD25, LFA-1, or the TCR (T-cell receptor)

Blockade of the costimulation pathways of T cell activation

Institution of pharmacological drug including steroids, rapamycin, cyclosporine

Donor specific transfusion

Combinations of immunosuppressive drugs and plasmapheresis to decrease the recipient PRA in living donor transplants (member example)

* Norman, Douglas J., Turka, Laurence A. Primer on Transplantation, Second Edition page 40, American Society of Transplantation 2001

Any Previous Pregnancies: (This field will not display for male recipients) For female recipients, select the number of previous pregnancies. If the information is unknown, select **Unknown**. This field is **required** for adult female recipients only.

No Previous Pregnancy
1 Previous Pregnancy
2 Previous Pregnancies
3 Previous Pregnancies
4 Previous Pregnancies
5 Previous Pregnancies
More than 5 Previous Pregnancies

Not Applicable: < 10 years old
Unknown

Note: Previous pregnancies include pregnancies which may or may not have resulted in a live birth.

Malignancies between listing and transplant: If recipient had any malignancies between listing and transplant, select **YES**. If the recipient has not had any malignancies, select **NO**. If **YES** is selected, indicate type of malignancy. If the recipient had a malignancy, but the type of malignancy is not listed, select **Other, specify** and enter the name of the malignancy in the space provided. This field is **required**.

Skin Melanoma
Skin Non-Melanoma
CNS Tumor
Genitourinary
Breast
Thyroid
Tongue/Throat/Larynx
Lung
Leukemia/Lymphoma
Liver
Other, specify

Note: This question is NOT applicable for recipients of living donor transplants who were never on the waiting list.

Bone Disease (check all that apply): (Complete for recipients less than 18 years of age.)

Fracture in the past year: If the recipient had any fractures in the past year, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required**.

If **Yes** is selected, specify the location and number of fractures (If **Yes** is selected this field is **required**.)

Spine-compression fracture:	**# of fractures:**
Extremity:	**# of fractures:**
Other:	**# of fractures:**

AVN (avascular necrosis): If the recipient has AVN at the time of transplant, select **Yes**. If not, select **No**. If unknown, select **UNK**. This field is **required** for recipients less than 18 years of age.

Clinical Information: TRANSPLANT PROCEDURE

Multiple Organ Recipient: If the recipient received other organs, reported on the Recipient Feedback, they will display. If the recipient did not receive any other organs at this time, none are displayed. Verify the other organs, transplanted at this time, are correct. If incorrect, contact the UNet Help Desk at 1-800-978-4334.

Were extra vessels used in the tx procedure: If extra vessels (vascular allografts) were used in the transplant procedure, as indicated on the Waitlist℠ Removal, **Yes** displays.

Vessel Donor ID: The Donor ID entered on the Waitlist℠ Removal displays.

Note: Donor IDs entered for this question must be from deceased donors. All deceased donor extra vessels must be monitored due to the potential for disease transmission.

Note: If the extra vessels used in a transplant procedure are procured from a tissue processing organization, they are not reported in UNet.

Procedure Type: Verify the procedure type is correct.

Left Kidney: The recipient received a single left kidney.
Right Kidney: The recipient received a single right kidney.
En-Bloc: The recipient received both kidneys from the same donor, which were transplanted en-bloc or together.
Sequential: The recipient received both kidneys from the same donor, which were transplanted separately.

Kidney Preservation Information:

Note: **Cold Ischemia Time** should be entered in hours and decimal parts of an hour. For example, 1 hour should be entered as "1", "1.0" or "1.00"; 1 hour and 30 minutes should be entered as "1.5" or "1.50" **not** "1.30". To calculate decimal parts of an hour, divide the number of minutes by 60. For example, 19 minutes = 0.32 of an hour (19 divided by 60 = 0.32).

Note: **Warm Ischemia Time** should be entered in minutes.

Total Cold Ischemia Time Right KI (OR EN-BLOC): (if pumped, include pump time): Enter the **Total Cold Ischemia Time** in hours for the **right** kidney (if only the right kidney was transplanted **or** if both kidneys were transplanted sequentially into a single recipient) or **both** kidneys (if both kidneys were transplanted into a single recipient in an en-bloc procedure). If pumped, include the pump time. If the time is unavailable, select the status from the **ST** field **(Missing, Unknown, N/A, Not Done)**.

Note: **Total Cold Ischemia Time** must be reported for each organ. If both kidneys are transplanted into a single recipient in an en-bloc procedure, the kidneys will have the same total cold ischemia time. Therefore, it is not necessary to report the same time twice. However, if both kidneys are transplanted sequentially, each kidney will have a different total cold ischemia time that must be reported separately.

-OR-

Total Cold Ischemia Time Left KI: (if pumped, include pump time): Enter the **Total Cold Ischemia Time** for the **left** kidney in hours (if only the left kidney was transplanted **or** if both kidneys were transplanted sequentially into a single recipient). If pumped, include the pump time. If the time is unavailable, select the status from the **ST** field **(Missing, Unknown, N/A, Not Done)**.

Note: **Total Cold Ischemia Time** is the number of hours between the time of preservation of the organ and the time of removal from cold storage.

-OR-

Note: **Anastomotic Time:** A component of warm ischemia time, the number of minutes between the time the organ is removed from cold storage or pump and the time the arterial and venous anastomoses are completed in the recipient.

Kidney(s) received on: Indicate whether the transplanted organs were received on **Ice** or **Pump**. For recipients of a living donor transplant, **N/A** is also an option. If received on ice, indicate whether the organ(s) **Stayed on ice** or were **Put on pump**. If received on pump, indicate whether the organ(s) **Stayed on pump** or were **Put on ice**. This field is **required**.

Note: Select **N/A** from the **ST** field for all Preservation Information if the recipient was removed from the waiting list with a code 21, indicating the recipient died during the transplant procedure.

If put on pump or stayed on pump: If the organs were pumped, indicate the **Final resistance at transplant** and **Final flow rate at transplant** in the spaces provided. This field will not display if transplanted organs were received on **Ice** and **Stayed on ice** or by Missing, Unknown etc..

Clinical Information: POST TRANSPLANT

Graft Status: If the kidney graft is functioning, select **Functioning**. If the graft is not functioning at the time of hospital discharge or time of report, select **Failed**. If failed, complete the remainder of this section. This field is **required**.

Note: Select **Functioning** if the recipient was removed from the waiting list with a code 21, indicating the recipient died during the transplant procedure.

Note: If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select **Functioning**.

If **Failed** is selected, complete the following fields:

Resumed Maintenance dialysis: If the recipient returned to maintenance dialysis, select **Yes**. If not, select **No**.

Date Maintenance Dialysis Resumed: If the recipient returned to maintenance dialysis, enter the date maintenance dialysis was resumed using the standard 8-digit numeric format of MM/DD/YYYY.

Note: You may re-sort your Provider or Center results by clicking the designated red drop-down arrow.

Date of Graft Failure: Enter the date of graft failure using the standard 8-digit numeric format of MM/DD/YYYY.

Kidney Primary Cause of Graft Failure: Select the primary cause of graft failure. If the primary cause of graft failure is not listed, select **Other Specify Cause** and enter the primary cause of graft failure in the space provided.

Hyperacute Rejection
Acute Rejection
Primary Failure
Graft Thrombosis
Infection
Surgical Complications
Urological Complications
Recurrent Disease
Other Specify Cause

Is growth hormone therapy used between listing and transplant: If growth hormone therapy was used select **Yes.** If not, select **No.** If unknown, select **UNK.** This field is **required** for recipients less than 18 years of age.

Most Recent Serum Creatinine Prior to Discharge: Enter the most recent serum creatinine value in mg/dl available prior to the recipient's discharge from the hospital. Enter a number between 0.1 and 25.0. If the value is unavailable, select the appropriate status from the **ST** field (**Missing, Unknown, N/A, Not Done**). This field is **required**.

Kidney Produced >40 ml of Urine in First 24 hours: If the kidney graft produced at least 40 ml of urine within the first 24 hours following the transplant operation, select **YES** If not, select **NO**.

Patient Need dialysis within First Week: If the recipient required any dialysis within the first 7 days following the transplant operation, select **YES**. If not, select **NO**. This field is **required**.

Creatinine decline by 25% or more in first 24 hours on 2 separate samples: If creatinine value declined by 25% or more in the first 24 hours post transplant on 2 separate samples, select **YES**. If not, select **NO**.

Did patient have any acute rejection episodes between transplant and discharge: If the recipient had any acute rejection episodes between transplant and discharge, select a Yes choice. If not, select No. If a Yes choice is selected, then indicate if a biopsy was done to confirm acute rejection. This field is **required**.

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

Treatment

Immunosuppressive Information

Are any medications given currently for maintenance or anti-rejection: If medications have been given to the recipient for maintenance or anti-rejection during the time between transplant and hospital discharge, or 6 weeks post-transplant if the recipient has not been discharged, select **YES**. If not, select **NO**. If **YES**, complete the sections below. This field is **required**.

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 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 (e.g., 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, enter 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 (e.g., 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 (e.g., Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (e.g., 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: As further clarification, drugs that are used with the intention to maintain recipients long-term are medications such as Tacrolimus, Cyclosporine, Azathioprine, Mycophenolate Mofetil and Prednisone. These maintenance medications should not be listed as AR medications to treat acute rejection. When recipients have a true acute rejection, they are given anti-rejection medication such as steroids, OKT3, ATG, Simulect and Zenapax, in addition to the maintenance medications. These are the medications that should be selected as anti-rejection.

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**.

If the number of days is unavailable, select the appropriate status from the applicable **Status** field (**Missing, Unknown, N/A, Not Done**).

Other 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 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 (e.g., 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, enter 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 (e.g., 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 (e.g., Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (e.g., 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: As further clarification, drugs that are used with the intention to maintain recipients long-term are medications such as Tacrolimus, Cyclosporine, Azathioprine, Mycophenolate Mofetil and Prednisone. These maintenance medications should not be listed as AR medications to treat acute rejection. When recipients have a true acute rejection, they are given anti-rejection medication such as steroids, OKT3, ATG, Simulect and Zenapax, in addition to the maintenance medications. These are the medications that should be selected as anti-rejection.

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**.

If the number of days is unavailable, select the appropriate status from the applicable **Status** field (**Missing, Unknown, N/A, Not Done**).

Investigational 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 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, enter 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 (e.g., 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.

> ***Note:*** As further clarification, drugs that are used with the intention to maintain recipients long-term are medications such as Tacrolimus, Cyclosporine, Azathioprine, Mycophenolate Mofetil and Prednisone. These maintenance medications should not be listed as AR medications to treat acute rejection. When recipients have a true acute rejection, they are given anti-rejection medication such as steroids, OKT3, ATG, Simulect and Zenapax, in addition to the maintenance medications. These are the medications that should be selected as anti-rejection.

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**.

If the number of days is unavailable, select the appropriate status from the applicable **Status** field (**Missing, Unknown, N/A, Not Done**).

Drug Codes

Immunosuppressive Medications

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)

Nulojix (Belatacept)

Astagraf XL (Extended Release Tacrolimus)

Sirolimus (RAPA, Rapamycin, Rapamune)

Myfortic (Mycophenolate Sodium)

Other Immunosuppressive Medications

Campath - Alemtuzumab (anti-CD52)

Cyclophosphamide (Cytoxan)

Leflunomide (LFL, Arava)

Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)

Other Immunosuppressive Medication, Specify

Rituximab

Investigational Immunosuppressive Medications

Zortress (Everolimus)

Other Immunosuppressive Medication, Specify