

CTS COLLABORATIVE TRANSPLANT STUDY

KIDNEY TRANSPLANT

Transplant Center _____

RECIPIENT

Name (Last, First) or ID _____ Age _____ Sex _____ Race _____ AB0 _____

Viral Status: EBV pos neg

CMV pos neg

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

CMV prophylaxis

yes _____
 no Type, Manufacturer _____

Pretransplant Antibodies (latest serum)

Lymphocytotoxicity (CDC) T cells or unsep.: _____ % B cells: _____ %

Does this patient have a **history of smoking?** yes no

Is this patient **currently a smoker?** yes no

Does this patient receive **treatment for diabetes?** yes no

Is patient on **antihypertensive drugs**(excl diuretics)? yes no

Luminex Single Antigen Assay

neg pos pos beads

Class I _____ %

Class II _____ %

Donor Specific Antibodies (DSA)

no yes highest MFI

Class I _____

Class II _____

Desensitization prior to transplant: yes no

sCD30 level: _____ units/mL

Dialysis

Month Year
Dialysis started

Patient was on: Hemodialysis only

CAPD only

Hemo + CAPD

No dialysis

Original Disease

- Chronic GN _____
- Pyelonephritis _____
- Nephrosclerosis _____
- Polycystic _____
- Diabetes-Juvenile Type I _____
- Diabetes Type II _____
- Other _____
specify _____

Your **general evaluation**
of this patient as candidate
for transplantation:

- Good
- Moderate
- Poor

If moderate or poor,
indicate reason(s):

- Age
- Cardio-Vascular
- Compliance
- Obesity
- Other _____
specify _____

Immunosuppressive Protocol

(intention to treat)

Belatacept/Nulojix IL2R-antibody induction

Cyclosporine Tacrolimus
Optoral/Neoral Prograf
Generic Advagraf
Generic

Azathioprine Mycophenolates

Everolimus/Certican CellCept
 Sirolimus/Rapamycin Myfortic
Generic

Steroids

ATG prophylactic: _____
ATG Manufacturer _____

Other monoclonal antibody: _____

Other immunosuppression: _____

Patient is enrolled in immunosuppressive trial

TRANSPLANT

Transplant Date

Day Month Year

Donor (Relationship)

- Deceased
- Parent
- Sibling
- Offspring
- Other _____
specify _____

Graft No.

- First
- Second
- Third
- _____

- Combined kidney + pancreas transplant
- Pancreas transplant only
- Sequential pancreas after previous kidney
- Islets

Cold ischemia of **pancreas** (hours) _____

Other **combined organ**
transplant _____
specify _____

Crossmatch results (latest pretransplant serum)

Indicate results **obtained** with + (pos) or - (neg), leave rest blank

Whole Lymphocytes T cells B cells
CDC CDC CDC Flow Luminex ELISA

DONOR

Name (Last, First) or ID _____ Age _____ Sex _____ Race _____ AB0 _____

Viral Status: EBV pos neg

CMV pos neg

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

Kidney

Local First warm (min) _____
 Shipped Cold (hours) _____

Ischemia Times

Preservation

- Cold storage → Eurocollins
- Machine UW Solution
- HTK Solution
- Celsior
- Other _____
specify _____

Donor Death

- Trauma Donor history of hypertension
- Cerebrovascular Marginal donor for other reason _____
specify _____
- Other _____
specify _____ Non-heartbeating donor

Mail to: Transplantation Immunology
Im Neuenheimer Feld 305
69120 Heidelberg · Germany

Date _____

Signature _____