

CTS Collaborative Transplant Study
Posttransplant Serum Study 3-Month Questionnaire

Transplant Center: _____ Key: _____

Recipient Name: _____
Last First

Transplant Date: _____
Day Month Year

Graft function within 24 hours: Yes No
(e.g. >500 mL transplant urine)

Dialysis during first week: Yes No
(except for single dialysis for hyperkalemia)

Biopsy-proven rejection during first 3 months: Yes No

If yes: Date of first rejection: _____
Day Month Year

Type of first rejection: Border TCMR ABMR

Border, borderline rejection; TCMR, T cell mediated rejection; ABMR, antibody-mediated rejection

Infection during first 3 months: Yes No

If yes: Date of first infection: _____
Day Month Year

Type of first infection: Bacterial Fungal Viral

if viral: _____
specify virus

Date

Name – Signature

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

Or fax to: +49 6221 564200