

Records ?

Adult Pancreas Transplant Recipient Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 07/31/2020

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.

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"/>
	<input type="radio"/> Transplant Center
	<input type="radio"/> Non Transplant Center Specialty Physician
Follow-up Care Provided By:*	<input type="radio"/> Primary Care Physician
	<input type="radio"/> Other Specify
Specify:	<input type="text"/>

Donor Information	
UNOS Donor ID #:	
Recovering OPO:	
Donor Type:	

Patient Status	
Date: Last Seen, Retransplanted or Death*	<input type="text"/>
	<input type="radio"/> LIVING
	<input type="radio"/> DEAD
Patient Status:*	<input type="radio"/> RETRANSPLANTED
	<input type="radio"/> NOT SEEN
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"/>
Has the patient been hospitalized since the last patient status date:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Functional Status:*	<input type="text"/>
Working for income:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Primary Insurance at Follow-up:*	<input type="text"/>
Specify:	<input type="text"/>

Clinical Information	
Graft Status:*	<input type="radio"/> Functioning <input type="radio"/> Failed
<p>If death is indicated for the recipient, report graft status up until the instance of death.</p>	

Patient using any method of blood sugar control:

YES NO UNK

Patient on oral medication to control blood sugar?*

YES NO UNK

Date of medications resumed:*

ST=

Patient using diet to control blood sugar:*

YES NO UNK

Patient on insulin?*

YES NO UNK

Date insulin resumed:*

ST=

Total insulin dosage units:*

ST=

Insulin duration of use:*

 days

ST=

C-peptide value:

 ng/mL

ST=

HbA1c:

 %

ST=

Date of Failure:

Primary Cause of Graft Failure:

Other, Specify:

Graft/Vascular Thrombosis:

YES NO UNK

Infection:

YES NO UNK

Bleeding:

YES NO UNK

Anastomotic Leak:

YES NO UNK

Acute Rejection:

YES NO UNK

Chronic Rejection:

YES NO UNK

Biopsy Proven Isletitis:

YES NO UNK

Pancreatitis:

YES NO UNK

Patient Noncompliance

YES NO UNK

Other, Specify:

Conv. From Bladder to Enteric Drain Performed:*

YES NO UNK

If Yes, Enteric Drainage Date:

Most Recent Serum Creatinine:*

 mg/dl

ST=

Pancreas Transplant Complications (Not leading to graft failure):

Pancreatitis:*

YES NO UNK

Anastomotic Leak:*

YES NO UNK

Abscess or Local Infection:*

YES NO UNK

Other Complications:

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:*

Viral Detection:

Positive

Negative

HIV Serology

UKN/Cannot Disclose

Not Done

HIV NAT

Positive

Negative

UKN/Cannot Disclose

Not Done

HbsAg

	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
HBV DNA	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
HBV Core Antibody	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
HCV Serology	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done
HCV NAT	<input type="radio"/> Positive
	<input type="radio"/> Negative
	<input type="radio"/> UKN/Cannot Disclose
	<input type="radio"/> Not Done

Post Transplant Malignancy:*	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Donor Related:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
Recurrence of Pre-Tx Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
De Novo Solid Tumor:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK
De Novo Lymphoproliferative disease and Lymphoma:	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> UNK

Immunosuppressive Information	
Previous Validated Maintenance Follow-Up Medications:	
Previous Validated Maintenance Follow-Up Medications:	
Were any medications given during the follow-up period for maintenance:	<input type="radio"/> Yes, same as validated TRR form <input type="radio"/> None given <input type="radio"/> Yes, but different than validated TRR form

Immunosuppressive Medications	
View Immunosuppressive Medications	
Definitions Of Immunosuppressive Follow-Up Medications	
<p>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.</p> <p>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.</p> <p>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.</p> <p>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 <u>should not</u> be listed under AR immunosuppression, but <u>should be</u> listed under maintenance immunosuppression.</p> <p>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.</p> <p>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.</p>	

Drug used for induction, acute rejection, or maintenance	Prev Maint	Curr Maint	AR
Steroids (prednisone, methylprednisolone, Solumedrol, Medrol, Decadron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs used for induction or acute rejection	Prev Maint	Curr Maint	AR

Atgam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Campath (alemtuzumab, anti-CD52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cytosan (cyclophosphamide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methotrexate (Folex PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OKT3 (Orthoclone, muromonab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rituxan (rituximab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simulect (basiliximab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thymoglobulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drugs primarily used for maintenance			
	Prev Maint	Curr Maint	AR
Cyclosporine, select from the following:			
- EON (generic cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Gengraf (Abbott cyclosporine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Neoral (CyA-NOF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Other generic cyclosporine, specify brand: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sandimmune (cyclosporine A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imuran (azathioprine, AZA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leflunomide (LFL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mycophenolate acid, select from the following:			
- CellCept (MMF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic MMF (generic CellCept)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Myfortic (mycophenolate acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nulojix (belatacept)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapamune (sirolimus, Rapamycin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tacrolimus, select from the following:			
- Astagraf XL (extended release tacrolimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Generic tacrolimus (generic Prograf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Prograf (FK506)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zortress (everolimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other drugs			
	Prev Maint	Curr Maint	AR
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"/>