

Records ?

Pediatric Kidney 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
TRR Diagnosis:	Disease Recurrence:
	<input type="radio"/> No recurrence
	<input type="radio"/> Suspected recurrence (not confirmed or unknown if confirmed by biopsy)
	<input type="radio"/> Biopsy confirmed recurrence
	<input type="radio"/> Unknown
Functional Status:*	<input type="text"/>
Cognitive Development:*	<input type="radio"/> Definite Cognitive delay/impairment
	<input type="radio"/> Probable Cognitive delay/impairment
	<input type="radio"/> Questionable Cognitive delay/impairment
	<input type="radio"/> No Cognitive delay/impairment
	<input type="radio"/> Not Assessed

Motor Development: *

Definite Motor delay/impairment
 Probable Motor delay/impairment
 Questionable Motor delay/impairment
 No Motor delay/impairment
 Not Assessed

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:

Specify:

Clinical Information

Date of Measurement:

Height: * ft. in. cm **ST=**

Weight: * lbs. kg **ST=**

BMI: kg/m²

New diabetes onset between last follow-up to the current follow-up: * 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:

Dialysis Since Last Follow-Up: *

NO
 Yes, returned to chronic maintenance dialysis (ESRD)
 Yes, returned to (or continued on) temporary dialysis

Date Maintenance Dialysis Resumed:

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

Is growth hormone therapy used during this followup period: * YES NO UNK

Viral Detection:

CMV IgG: *

Positive
 Negative
 Not Done
 UNK/Cannot Disclose

CMV IgM: *

Positive
 Negative
 Not Done

HIV Serology	<input type="radio"/> UNK/Cannot Disclose <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> UKN/Cannot Disclose <input type="radio"/> Not Done
HIV NAT	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> UKN/Cannot Disclose <input type="radio"/> 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
Post Tx 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

Bone Disease:

Fracture in the past year (or since last follow-up):* YES NO UNK

<input type="checkbox"/> Spine-compression fracture:	# of fractures:	<input type="text"/>
<input type="checkbox"/> Extremity:	# of fractures:	<input type="text"/>
<input type="checkbox"/> Other:	# of fractures:	<input type="text"/>

AVN (avascular necrosis):* YES NO UNK

Immunosuppressive Information

Previous Validated Maintenance Follow-Up Medications:

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

Yes, same as validated TRR form

None given

Yes, but different than validated TRR form

Immunosuppressive Medications

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.**

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"/>
Cytoxan (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"/>

