

SPLIT			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

Transplant Medications (TPI)

Version: 7.0; 11-30-07

Segment (PROTSEG):**Visit Number (VISNO):****Transplant date:****Immunosuppression Dosing:**

1. Did the patient receive antibody therapy as induction? (TPIABIND)

☐ No - 0 ☐ Yes - 1ALG/ATG/ALS: (TPIYNALG) ☐ No - 0 ☐ Yes - 1OKT3/Monoclonal: (TPIYNOKT) ☐ No - 0 ☐ Yes - 1IL-2 mAb (Zenapax, Simulect, etc.): (TPIYNMAB) ☐ No - 0 ☐ Yes - 1

2. Immunosuppression within 7 days post-transplant

Methylprednisolone/ Solumedrol: (TPIYNMET) ☐ No - 0 ☐ Yes - 1Hydrocortisone: (TPIYNHYD) ☐ No - 0 ☐ Yes - 1Prednisone/ Prednisolone: (TPIYNPRE) ☐ No - 0 ☐ Yes - 1Tacrolimus: (TPIYNTAC) ☐ No - 0 ☐ Yes - 1Sandimmune: (TPIYNSAN) ☐ No - 0 ☐ Yes - 1Neoral: (TPIYNNEO) ☐ No - 0 ☐ Yes - 1Generic CsA: (TPIYNGEN) ☐ No - 0 ☐ Yes - 1Mycophenolate Mofetil: (TPIYNMYC) ☐ No - 0 ☐ Yes - 1Azathioprine: (TPIYNAZA) ☐ No - 0 ☐ Yes - 1Sirolimus (Rapamycin): (TPIYNRAP) ☐ No - 0 ☐ Yes - 1Other: (TPIYNOTH) ☐ No - 0 ☐ Yes - 1

If Other medication, specify: (TPIIOTSP)

3. Immunosuppression at Day 30

Dose on Day 30 (mg/Day)

Methylprednisolone/ Solumedrol: (TPIMYMET) ☐ No - 0 ☐ Yes - 1 (TPIMDMET) _____ (xxxx)Hydrocortisone: (TPIMYHYD) ☐ No - 0 ☐ Yes - 1 (TPIMDHYD) _____ (xxxx.x)Prednisone/ Prednisolone: (TPIMYPRE) ☐ No - 0 ☐ Yes - 1 (TPIMDPRE) _____ (xx.xx)Tacrolimus: (TPIMYTAC) ☐ No - 0 ☐ Yes - 1 (TPIMDTAC) _____ (xx.xxx)Sandimmune: (TPIMYSAN) ☐ No - 0 ☐ Yes - 1 (TPIMDSAN) _____ (xxxx)Neoral: (TPIMYNEO) ☐ No - 0 ☐ Yes - 1 (TPIMDNEO) _____ (xxxx)Generic CsA: (TPIMYGEN) ☐ No - 0 ☐ Yes - 1 (TPIMDGEN) _____ (xxxx)Mycophenolate Mofetil: (TPIMMYC) ☐ No - 0 ☐ Yes - 1 (TPIMDMYC) _____ (xxxx)Azathioprine: (TPIMYAZA) ☐ No - 0 ☐ Yes - 1 (TPIMDAZA) _____ (xxx.x)Sirolimus (Rapamycin): (TPIMYRAP) ☐ No - 0 ☐ Yes - 1 (TPIMDRAP) _____ (xxxx.x)Other: (TPIMYOTH) ☐ No - 0 ☐ Yes - 1 (TPIMDOTH) _____ (xxxx)

If Other medication, specify: (TPIMOTSP)

Immunosuppression Levels

Cyclosporine or Tacrolimus level at Day 30:

Dose Interval: (TPIINT30)

Assay: (TPIMTB30)

QD - 1
TID - 2
BID - 3
QID - 4
QOD - 5

If Other, specify: (TPIMAO30)

Trough: (TPITRO30)

(xxxx.xx)

Sirolimus level at Day 30:

Sirolimus trough level: (TPITROR)

(xx.xx)

Assay: (TPIMTBR)

HPLC - 1
Liquid chrom/ mass spec. - 2
Immuno assay - 3
Tand mass spec - 4
Other - 9

If Other assay, specify: (TPIMTAOS)

Antiviral Medications

4. Were any antiviral medications used in the first 30 days? (TPIANATIV)

☐ No - 0 ☐ Yes - 1

	Ever used	Days postop initiated	Duration (days)	Indication	If, Other, specify
Ganciclovir:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, prophylaxis - 1 <input type="checkbox"/> Yes, preemptive - 2 <input type="checkbox"/> Yes, treatment - 3 (TPIGANEU)	(TPIGANDP) (xx)	(TPIGANDU) (xx)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (TPIGANIN)	(TPIGANIO)
Acyclovir:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, prophylaxis - 1 <input type="checkbox"/> Yes, preemptive - 2 <input type="checkbox"/> Yes, treatment - 3 (TPIACYEU)	(TPIACYDP) (xx)	(TPIACYDU) (xx)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (TPIACYIN)	(TPIACYIO)
Gamma globulin:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, prophylaxis - 1 <input type="checkbox"/> Yes, preemptive - 2 <input type="checkbox"/> Yes, treatment - 3 (TPIGAMEU)	(TPIGAMDP) (xx)	(TPIGAMDU) (xx)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (TPIGAMIN)	(TPIGAMIO)
CMV hyper immunoglobulin:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, prophylaxis - 1 <input type="checkbox"/> Yes, preemptive - 2 <input type="checkbox"/> Yes, treatment - 3 (TPICMVEU)	(TPICMVDP) (xx)	(TPICMVDU) (xx)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (TPICMVIN)	(TPICMVIO)
Valganciclovir:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, prophylaxis - 1 <input type="checkbox"/> Yes, preemptive - 2 <input type="checkbox"/> Yes, treatment - 3 (TPIVALEU)	(TPIVALDP) (xx)	(TPIVALDU) (xx)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (TPIVALIN)	(TPIVALIO)
Other antiviral medication:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, prophylaxis - 1 <input type="checkbox"/> Yes, preemptive - 2 <input type="checkbox"/> Yes, treatment - 3 (TPIOAVEU)	(TPIOAVDP) (xx)	(TPIOAVDU) (xx)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (TPIOAVIN)	(TPIOAVIO)

If Other antiviral used, specify: (TPIOAVSP)

Concomitant Medications

5. Were any concomitant medications used in the first 30 days? (TPICONME)

☐ No - 0 ☐ Yes - 1

"Yes, currently" indicates that the medication was taken on day 30 post transplant.

"Yes, not currently" indicates the medication was taken some time within the first 30 days post transplant but not on day 30.

a. Anticonvulsant: (TPIACNAT)

☐ No - 0
☐ Yes, not currently - 1
☐ Yes, currently - 2

b. Anti-hypertensive (nondiuretic) use: (TPIAHTAT)

☐ No - 0
☐ Yes, not currently - 1
☐ Yes, currently - 2

Number of nondiuretics used: (TPIAHTNN)

c. Anti-hypertensive (diuretic) use: (TPIAHTDI)

Number of diuretics used: (TPIAHTDN)

d. Anticoagulant/ antiplatelets:

1. Aspirin: (TPIASPAT)

2. Persantin: (TPIPERAT)

3. Dextran: (TPIDEXAT)

4. Heparin: (TPIHEPAT)

e. Insulin: (TPIINSAT)

f. Anti-hyperglycemia therapy: (TPIATHYG)

g. Statin use: (TPISTATN)

(x)

No - 0
Yes, not currently - 1
Yes, currently - 2

(x)

No - 0
Yes, not currently - 1
Yes, currently - 2

No - 0
Yes, not currently - 1
Yes, currently - 2

No - 0
Yes, not currently - 1
Yes, currently - 2

No - 0
Yes, not currently - 1
Yes, currently - 2

No - 0
Yes, not currently - 1
Yes, currently - 2

No - 0
Yes, not currently - 1
Yes, currently - 2

No - 0
Yes, not currently - 1
Yes, currently - 2

The Notes field should not be used to communicate information to the SPLIT DCC. This field is intended to be used for notes center staff may find useful when returning to the form.

Notes: (TPICOMM)

Additional Selection Options for TPI

Assay:

Tand mass spec - 6

Other - 9

