

V5_GEN_FORM



RCP Baseline Immuno.

Baseline Immunosuppression Information during
 the transplant hospital stay (Check all that apply)

Prednisone

Methylprednisolone

Cyclosporine

Neoral

Gengraf

FK506

Rapamycin

Certican (RAD)

Azathioprine

Mycophenolate Mofetil (MMF)

ATGAM

OKT3

Thymoglobulin

Zenapax

Simulect

Other antibody therapy

Name of Other antibody therapy

Prednisone at 3 months. (mg) If none, enter 0. For an every other day regimen, divide the bi-daily dose by half and enter that amount

Treated rejection during the first year post transplant

Yes

No

Number of Rejection Episodes

Complete a "Rejection Episode and Treatment Form" for each event after the 1st

Date of First Rejection Episode

Record all additional episodes on "Rejection Episode and Treatment Form" (one form for each episode)

Maintenance Immunosuppression Regimen in use immediately prior to treatment of this rejection episode (Check all that apply)

Prednisone

Methylprednisolone

Cyclosporine

Neoral

Gengraf

FK506

Rapamycin

Certican (RAD)

Azathioprine

Mycophenolate Mofetil (MMF)

Medications used to treat this rejection episode
(Check all that apply)

Recycling Oral Steroids

IV Steroids

Antibody used for rejection treatment

Yes

No

Thymoglobulin

OKT3

ATGAM

Simulect

Zenapax

Other
antibody

Specify
other
antibody

Switch Maintenance Immunosuppression

Cyclosporine

Neoral

Gengraf

FK506

Rapamycin

Certican	
Azathioprine	
Biopsy Confirmation of rejection	Yes
	No
	Unknown
Date of Biopsy	
	mm/dd/yyyy
Acute rejection severity as recorded in the pathology reading of the biopsy that confirmed the rejection episode	No Rejection
	Indeterminate
	Mild
	Moderate
	Severe
	Not Stated
Did the patient experience more than one treated rejection episode? If so, complete a "Rejection Episode and Treatment" form for each event.	Yes
	No

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