

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

Long-term Medications (LTM)

Version: 2.0; 12-26-07

Segment (*PROTSEG*):
 Visit Number (*VISNO*):

Date of last assessment:

1. Date of assessment: (*LTMDATE*) | (mm/dd/yyyy)

Immunosuppression Dosing

2. Current immunospression:

If the participant is currently taking a medication record the daily dose and the dosing schedule. Example: Participant is receiving tacrolimus 3 mg twice a day, then the daily dose would be 6 mg and the dosing schedule BID.

	Currently receiving?	Current Daily Dose (mg/D)	Dosing schedule
Prednisone/ Prednisolone:	(<i>LTFPREI</i>) <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	(<i>LTFPREMD</i>) (xxx.xx)	(<i>LTFPREQ</i>) QD - 1 TID - 2 BID - 3 QID - 4 QOD - 5
Tacrolimus:	(<i>LFTFACI</i>) <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	(<i>LFTFACMD</i>) (xxxx.xxx)	(<i>LFTFACQ</i>) QD - 1 TID - 2 BID - 3 QID - 4 QOD - 5
Sandimmune:	(<i>LTFSANI</i>) <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	(<i>LTFSANMD</i>) (xxxx)	(<i>LTFSANQ</i>) QD - 1 TID - 2 BID - 3 QID - 4 QOD - 5
Neoral:	(<i>LTFNEOI</i>) <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	(<i>LTFNEOMD</i>) (xxxx)	(<i>LTFNEOQ</i>) QD - 1 TID - 2 BID - 3 QID - 4 QOD - 5
Generic CSA:	(<i>LTFGENI</i>) <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	(<i>LTFGENMD</i>) (xxx.x)	(<i>LTFGENQ</i>) QD - 1 TID - 2 BID - 3 QID - 4 QOD - 5
Mycophenolate Mofetil:	(<i>LTFMYCI</i>) <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	(<i>LTFMYCMD</i>) (xxxx)	(<i>LTFMYCQ</i>) QD - 1 TID - 2 BID - 3 QID - 4 QOD - 5
Azathioprine:	(<i>LTFAZAI</i>) <input type="checkbox"/> No - 0 <input type="checkbox"/> Yes - 1	(<i>LTFAZAMD</i>) (xxx.x)	(<i>LTFAZAQ</i>) QD - 1 TID - 2 BID - 3 QID - 4 QOD - 5

Sirolimus (Rapamycin): (LTFRAPI) No - 0 Yes - 1 (LTFRAPMD) _____ (xxx.x)

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

(LTFRAPQ)

Other: (LTFOTHI) No - 0 Yes - 1 (LTFOTHMD) _____ (xxx.xx)

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

(LTFOTHQ)

If Other, specify: (LTFMEDOT) _____

Immunosuppression Levels

Data for immunosuppression levels is only required if the participant is currently taking the corresponding medication at the time of the visit.

Cyclosporine/ Tacrolimus:

Dosing interval: _____

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

(LTFMDINT)

Assay: _____

TDx - 1
HPLC - 2
RIA - 3
ELISA - 4
IMx - 5
*Additional Options Listed Below

(LTFMTB)

If other, specify: (LTFMTBO) _____

Trough level: (LTFTRO) _____ (xxxx.x)

Sirolimus:

Assay: _____

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

(LTFRAPAS)

If other, specify: (LTFRAPAO) _____

Trough level: (LTFRAPTR) _____ (xxxx.x)

Antiviral Medications

3. Current use of antiviral medications: (LTFAPROP) No - 0 Yes - 1

Antiviral	Use	If used, specify indication	If Other, specify
Ganciclovir:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, preemptive - 1 <input type="checkbox"/> Yes, treatment - 2	CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9	(LTMIOGAN) _____
	(LTFAPGAN)	(LTMINGAN)	

Ganciclovir:	<p>(LTFAPGAN)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2 Yes, prophylaxis - 3</p>	<p>(LTMINGAN)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOGAN)
Acyclovir:	<p>(LTFAPACY)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2</p>	<p>(LTMINACY)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOACY)
Acyclovir:	<p>(LTFAPACY)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2 Yes, prophylaxis - 3</p>	<p>(LTMINACY)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOACY)
Gammaglobulin:	<p>(LTFAPGAM)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2</p>	<p>(LTMINGAM)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOGAM)
Gammaglobulin:	<p>(LTFAPGAM)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2 Yes, prophylaxis - 3</p>	<p>(LTMINGAM)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOGAM)
CMV hyperimmune globulin:	<p>(LTFAPCMV)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2</p>	<p>(LTMINCMV)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOCMV)
CMV hyperimmune globulin:	<p>(LTFAPCMV)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2 Yes, prophylaxis - 3</p>	<p>(LTMINCMV)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOCMV)
Valganciclovir:	<p>(LTFAPVAL)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2</p>	<p>(LTMINVAL)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOVAL)
Valganciclovir:	<p>(LTFAPVAL)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2 Yes, prophylaxis - 3</p>	<p>(LTMINVAL)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOVAL)
Lamivudine:	<p>(LTFAPLAM)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2</p>	<p>(LTMINLAM)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOLAM)
Lamivudine:	<p>(LTFAPLAM)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2 Yes, prophylaxis - 3</p>	<p>(LTMINLAM)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOLAM)
Interferon:	<p>(LTFAPINT)</p> <p>No - 0 Yes, preemptive - 1 Yes, treatment - 2</p>	<p>(LTMININT)</p> <p>CMV - 1 EBV - 2 Both CMV/EBV - 3 Other - 9</p>	(LTMIOINT)
Interferon:			(LTMIOINT)

	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, preemptive - 1 <input type="checkbox"/> Yes, treatment - 2 <input type="checkbox"/> Yes, prophylaxis - 3 (LTFAPINT)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (LTMININT)	
Ribavarin:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, preemptive - 1 <input type="checkbox"/> Yes, treatment - 2 (LTFAPRIB)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (LTMINRIB)	(LTMIORIB)
Ribavarin:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, preemptive - 1 <input type="checkbox"/> Yes, treatment - 2 <input type="checkbox"/> Yes, prophylaxis - 3 (LTFAPRIB)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (LTMINRIB)	(LTMIORIB)
Other antiviral medication:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, preemptive - 1 <input type="checkbox"/> Yes, treatment - 2 (LTMAPOTH)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (LTMINOTH)	(LTMIOOTH)
Other antiviral medication:	<input type="checkbox"/> No - 0 <input type="checkbox"/> Yes, preemptive - 1 <input type="checkbox"/> Yes, treatment - 2 <input type="checkbox"/> Yes, prophylaxis - 3 (LTMAPOTH)	<input type="checkbox"/> CMV - 1 <input type="checkbox"/> EBV - 2 <input type="checkbox"/> Both CMV/EBV - 3 <input type="checkbox"/> Other - 9 (LTMINOTH)	(LTMIOOTH)

If *Other* antivirals used, specify: (LTMOTHAV) _____

Concomitant Medications

4. Were any concomitant medications used since the last visit? (LTFCONME) No - 0 Yes - 1

Record medications taken since the last study visit shown above up to the date of this follow up visit.
"Yes, currently" indicates that the medication was taken at the time of this follow up visit.
"Yes, not currently" indicates the medication was taken since transplant but not at the time of this follow up visit.
Record medications taken since the last study visit shown above up to the date of this follow up visit.
"Yes, currently" indicates that the medication was taken at the time of this follow up visit.
"Yes, not currently" indicates the medication was taken since the last study visit but not at the time of this follow up visit.

a. Anticonvulsant: (LTFACCM) No - 0 Yes, not currently - 1 Yes, currently - 2

b. Anti-hypertensive (nondiuretic): (LTFAHCM) No - 0 Yes, not currently - 1 Yes, currently - 2
 Number of non-diuretic used: (LTFAHNNO) _____ (x)

c. Anti-hypertensive (diuretic): (LTFAHDCM) No - 0 Yes, not currently - 1 Yes, currently - 2
 Number of diuretic used: (LTFAHDNO) _____ (x)

d. Aspirin: (LTFASPCM) No - 0 Yes, not currently - 1 Yes, currently - 2

e. Persantin: (LTFPERCM) No - 0 Yes, not currently - 1 Yes, currently - 2

f. Insulin use: (LTFISLCM) No - 0 Yes, not currently - 1 Yes, currently - 2

g. Anti-hyperglycemic: (LTFAHGCM) No - 0 Yes, not currently - 1 Yes, currently - 2

h. Magnesium supplements: (LTFMGSCM) No - 0 Yes, not currently - 1 Yes, currently - 2

i. Alkalinizing agents (eg Bicitra, Bicarbonate): (LTFALKCM) No - 0 Yes, not currently - 1 Yes, currently - 2

j. Statin: (LTFSTATN) No - 0 Yes, not currently - 1 Yes, currently - 2

k. Growth hormone therapy: (LTFGRWTH) 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: (LTFCOMT) _____

Additional Selection Options for LTM

CsA/Tac assay

Tand mass spec - 6

Other - 9

