



Acute Rejection Form

This form is additional to the main data form

REGISTRY NO	CURRENT HOSPITAL	SURNAME	GIVEN NAMES

In this survey period, indicate the number of acute rejection episodes (Q.48 on the main data form)
 For each episode enter a separate "Acute Rejection Form"

1 DATE OF THIS ACUTE REJECTION

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2 WAS THIS ACUTE REJECTION EPISODE BIOPSY PROVEN?

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IF Y = Yes (Go to 2a)
 N = No (Go to 2b)

2a IF YES

What type of rejection did the biopsy show?					
Please complete all boxes					
CELLULAR	<table border="1"><tr><td></td></tr></table>				
GLOMERULAR	<table border="1"><tr><td></td></tr></table>				
VASCULAR	<table border="1"><tr><td></td></tr></table>				
	1 = Nil 2 = Mild 3 = Moderate 4 = Severe				
ACUTE BANFF INDICES (If known)	g i t v				
	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
	Enter either Grade 0, 1, 2, 3 for each box				

2b IF NO

On clinical grounds (including response to treatment) was this rejection considered	
<table border="1"><tr><td></td></tr></table>	
1 = Possible 2 = Probable 3 = Definite	

3 PRIMARY TREATMENT OF THIS REJECTION - Sequential codes (up to three) may be used eg

- A = Nil
- B = Introduction or increased dose of steroids
- C = Introduction or increased dose of steroids and Polyclonal / Monoclonal therapy (see Q.55 on the main form)
- D = Polyclonal / Monoclonal therapy alone (see Q.55 on the main form)
- E = Introduction or increased dose of Cyclosporin A
- F = Introduction or increased dose of Tacrolimus
- G = Introduction or increased dose of Mycophenolate Mofetil
- H = Introduction or increased dose of Sirolimus
- Z = Other (specify)

C
F
G

4 RESPONSE OF THIS REJECTION TO TREATMENT

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- A = Resolution of rejection with return of graft function to pre-rejection levels or better
- B = Resolution of rejection with improvement of graft function but not to pre-rejection levels
- C = Resolution of rejection but with no improvement of graft function with serum creatinine less than 250 umol/L
- D = Resolution of rejection but with no improvement of graft function with serum creatinine greater than 250 umol/L
- E = Inadequate control of rejection with failure of graft within one month

COMMENTS