



Anzdata Registry

CTS Collaborative Transplant Study

Follow up _____ Years after Transplantation

This form is additional to the main data form

Registry Number	INITIAL HOSPITAL		CURRENT PARENT HOSPITAL		PHYSICIAN
	Hospital / State	Hosp. Unit No.	Hospital / State	Hosp. Unit No.	

RECIPIENT SURNAME	GIVEN NAMES	DATE OF BIRTH		SEX

Graft No.	Follow up - Years after transplantation	Transplant Date	Transplant Hospital

RENAL FUNCTION

Stable (change of creatinine $\leq 20\%$ during the last 2 months)

 Yes / No

Unstable for any reason during last 2 months

 Yes / No

CURRENT BLOOD PRESSURE
mm Hg

Systolic	Diastolic

DRUGS

Is patient on antihypertensive drugs (excl.diuretics)?

 Yes / No

Does patient receive ACE inhibitor ?

 Yes / No

DOES THIS PATIENT CURRENTLY SHOW EVIDENCE OF

Osteonecrosis

 Yes / No

Osteoporosis

 N=No M=Mild O=Moderate S=Severe

Other type of bone pain

 Yes / No

Cataract

 Yes / No

If yes level of impairment

 M=Mild O=Moderate S=Severe

OTHER

Has this patient been hospitalized because of infection during the last 12 months?

 N=No V=Viral B=Bacterial F=Fungal

Is patient currently a smoker ?

 Yes / No

Current Se.Cholesterol

 mg / dl

Is patient on "statin" treatment ?

 Yes / No