



# Anzdata Registry

## Acute Rejection Form

This form is additional to the main data form

|                  |         |             |             |
|------------------|---------|-------------|-------------|
| CURRENT HOSPITAL | SURNAME | GIVEN NAMES | REGISTRY NO |
|                  |         |             |             |

In this survey period, indicate the number of acute rejection episodes (Q.51 on the main data form)  
 For each episode enter a separate "Acute Rejection Form".

1 DATE OF THIS ACUTE REJECTION

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

2 WAS THIS ACUTE REJECTION EPISODE BIOPSY PROVEN?

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

2a

IF YES

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

2b

IF NO

|   |
|---|
| On clinical grounds (including response to treatment) was this rejection considered |
| <input type="checkbox"/> 1 = Possible   |
| <input type="checkbox"/> 2 = Probable   |
| <input type="checkbox"/> 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 antibody therapy
  - D = Antibody therapy alone
  - E = Introduction or increased dose of Cyclosporin A
  - F = Introduction of Tacrolimus
  - G = Introduction of Mycophenolate Mofetil
  - H = Other (specify)
- .....

|   |
|---|
| C |
| F |
| G |

4 RESPONSE OF THIS REJECTION TO TREATMENT

- 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

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| COMMENTS |
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