



# 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

|   |   |                          |                          |   |   |                          |                          |                          |                          |  |
|---|---|--------------------------|--------------------------|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <b>What type of rejection did the biopsy show?</b><br>Please complete all boxes |   |                          |                          |   |   |                          |                          |                          |                          |  |
| CELLULAR  | <input type="checkbox"/>  | 1 = Nil                  |                          |   |   |                          |                          |                          |                          |  |
| GLOMERULAR  | <input type="checkbox"/>  | 2 = Mild                 |                          |   |   |                          |                          |                          |                          |  |
| VASCULAR  | <input type="checkbox"/>  | 3 = Moderate             |                          |   |   |                          |                          |                          |                          |  |
|   |   | 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> | g                        | i                        | t | v | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 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"/> |   |   |                          |                          |                          |                          |  |

2b IF NO

|  |  |
|--|--|
| <b>On clinical grounds (including response to treatment) was this rejection considered</b><br><br><input type="checkbox"/> | 1 = Possible<br>2 = Probable<br>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 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

- 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 |
|          |