

Intestinal Transplant Registry

May 31, 2009

Centre: _____ Initials: _____ Date of Transplant: _____
 Month / Day / Year

Chart Number (optional, for your convenience): _____

Donor Data Donor: Cadaveric Living

Donor Pre-Treatment: None Other: _____
 (check as many as applicable) Anti-lymphocyte product: ATG® or ALG®
 IL-2 antagonist: daclizumab, Zenapax®, basiliximab, Simulect®
 Graft Irradiation

Venous Drainage of Isolated Intestinal Grafts (only): Portal Systemic

Total Graft Storage Time:

Recipient Data

Graft #: First Transplant Second Transplant Third Transplant

Status at Time of Transplant: Home Hospitalized Intensive Care Unit

ABO Compatibility: Identical Compatible Not Available

Native Organs Resected: Stomach Duodenum Pancreas Kidneys
 (check as many as applicable) Liver Other: _____

Organs Transplanted: Stomach Duodenum Pancreas Small Bowel
 (check as many as applicable) Colon Liver Reduced Liver Reduced Small Bowel
 Kidney Other: _____

Induction Immunosuppression: within the first 3 months (check as many as applicable)

None alemtuzumab CamPath® Anti-lymphocyte product ATG® ATG® Bone Marrow Cyclophosphamide Cytoxan® daclizumab, Zenapax®, basiliximab, Simulect®

Maintenance Immunosuppression:

None FK-506 - Tacrolimus Prograf® Bone Marrow Cyclosporine - Sandimmune® Sandimmune Neoral®
 Anti-lymphocyte product ATG® ATG® Orthoclone OKT3® Muromonab-CD3 Azathioprine Imuran® Prednisone® Solu-Medrol® Solu-Cortef®
 Mycophenolate Mofetil CellCept® / Myfortic Cyclophosphamide Cytoxan® daclizumab Zenapax®, basiliximab Simulect® rapamycin, sirolimus, Rapamune®, SDZ RAD
 Deoxyspergualin alemtuzumab CamPath® Other:

Date of Discharge: _____ or Still In-Patient or Died in Hospital

Month / Day / Year

31-May-2009

Centre: _____ Initials: _____ Date of Transplant: _____
 Day / Month / Year

Chart Number (optional, for your convenience): _____

Patient Status as of May 31, 2009

Alive

Renal Replacement Therapy: Yes No

If yes, \longrightarrow

Dialysis: Yes No

Kidney Transplant: Yes No

Deceased: Date of Death: _____ Day / Month / Year

Cause of Death: Sepsis/Infection Lymphoma Graft rejection

Technical (thrombosis, graft non-function)

Other*: _____

* Please specify major antecedent cause of death as precisely as possible. Avoid vague terms such as cardiovascular failure or multi-organ failure.

Lost to Follow-Up Date of Last Contact: _____
 Day / Month / Year

If lost to follow-up, please complete this form with the information known on the date of last contact.

Current Immunosuppression as of May 31, 2009 or prior to graft removal / death:
Please Complete only MOST RELEVANT Response

Early failure before maintenance immunosuppressive therapy was started

OR

No maintenance immunosuppression

OR

check as many as applicable

FK-506
 Tacrolimus
 Prograf ®

Cyclosporine
 Sandimmune®
 Sandimmune Neoral®

rapamycin
 sirolimus
 Rapamune®
 SDZ RAD

Prednisone®

Azathioprine
 Imuran®

Mycophenolate
 Mofetil®

Deoxyspergualin

Other:

May 31, 2009

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Month / Day / Year

Chart Number (optional, for your convenience): _____

Patient Status as of May 31, 2009

Modified Karnofsky Performance Score: (check only one)

- 90% to 100%: Well or minor symptoms. Resumed normal activities.
- 61% to 89%: Able to care for self as appropriate for age, but unable to resume normal activities.
- 31% to 60%: Requires significant assistance. Home bound.
- 1% to 30%: Hospital bound.

Lymphoproliferative Disease: None
 Yes **If Yes:** Resolved Ongoing Died

Was the graft intact as of May 31, 2009 or at time of death? (PN = Parenteral Nutrition)

- Intact Full Function (no PN or IV fluids) IV fluids, no PN Requires some PN Unknown
- Removed

Date of Graft Removal: _____
Month / Day / Year

Reason for Graft Removal: _____

OPTIONAL

How many hospitalizations has the patient had during the past 12 months (May 2008-May 2009)?

Comments: