

Form 3: Initial Immunosuppression

Print this Form

Not Started

Transplant Date

MM/DD/YYYY

Induction Therapy

Induction Therapy is defined as the prescribed use of lymphocyte cytolytic antibody or IL2-R antagonist therapy (e.g., ATGAM, Thymoglobulin, Basiliximab, Daclizumab) given soon after transplant (started within 3 days), not used to specifically treat a known or suspected rejection episode).

The use of non-cytolytic agents pre or intraoperatively is not considered to be induction therapy.

1

Is Patient on Induction Therapy

- No
 Yes
 Unknown

Induction Agents

Induction Agent Details

Induction Immunosuppression Agent

Start Date

MM/DD/YYYY

Missing Reason:

Unknown

End Date

MM/DD/YYYY

Missing Reason:

Unknown

2

Azathioprine (Imuran)

- No
 Yes
 Unknown

2

Was patient on medication at 30 days?

- No
 Yes
 Unknown

If patient is no longer on medication at 30 days, specify stop date.

MM/DD/YYYY

Missing Reason:

Unknown

3

Cyclosporine No

- Yes
- Unknown

3 Was patient on medication at 30 days? No
 Yes
 Unknown

If **3** patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

4 Mycophenolate (Cellcept, Myfortic) No
 Yes
 Unknown

4 Was patient on medication at 30 days? No
 Yes
 Unknown

If **4** patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

5 Sirolimus (Rapamycin) No
 Yes
 Unknown

5 Was patient on medication at 30 days? No
 Yes
 Unknown

If **5** patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

6 Tacrolimus (Prograf, FK506) No
 Yes
 Unknown

6 Was patient on medication at 30 days? No
 Yes
 Unknown

If **6** patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Everolimus No

7

- Yes
- Unknown

7

Was patient on medication at 30 days?

- No
- Yes
- Unknown

If patient is no longer on medication at 30 days, specify stop date.

MM/DD/YYYY

Missing Reason:
 Unknown

8

Cyclophosphamide (Cytosan)

- No
- Yes
- Unknown

8

Was patient on medication at 30 days?

- No
- Yes
- Unknown

If patient is no longer on medication at 30 days, specify stop date.

MM/DD/YYYY

Missing Reason:
 Unknown

9

Was patient given pre-operative steroids?

- No
- Yes
- Unknown

9

Was patient given intra-operative steroids?

- No
- Yes
- Unknown

9

Post-operative Steroids

MM/DD/YYYY

Missing Reason:
 Unknown

9

Daily dose at 30 days

Missing Reason:
 No Steroids at 30 days
 Unknown

9

Planned Maintenance Steroids

- No
- Yes
- Unknown

9

If no, please specify End Date of steroid use

MM/DD/YYYY

Missing Reason:
 Unknown

10

Was patient given other immunosuppressants?

- No
- Yes
- Unknown

10 Specify date of first post op dose
MM/DD/YYYY

Missing Reason:
 Unknown

10 Patient on medication at 30 days No
 Yes
 Unknown

10 If patient is no longer on medication at 30 days, specify stop date.
MM/DD/YYYY

Missing Reason:
 Unknown

Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op

Infection Prophylaxis: Started during the first 30 days post-transplant (not used to treat known infection).

11 Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op
op
Check all that apply

- Acyclovir
- Antifungal
- CMV Immunoglobulin (Cytogam)
- Dapsone
- Ganciclovir or Valganciclovir
- Immunoglobulin (IV Ig)
- Pentamidine
- Trimethaprim-Sulfamethoxazole
- Valacyclovir
- Unknown
- Other, specify

11 If antifungal, please specify Fluconazole
Check all that apply Nystatin
 Unspecified
 Other, specify

11 If ganciclovir or valganciclovir, please specify IV
Check all that apply PO

12 Date of Hospital Discharge
MM/DD/YYYY

Missing Reason:
 Still In Hospital
 Unknown