

Pathologie

Kidney transplant biopsies

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Last name, First name, Maiden name		Date of birth			Sex				
		D	D	M	M	Y	Y	M	W
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address (Road, House number, Postal code, Town)									
<input type="checkbox"/> stationary		<input type="checkbox"/> outpatient		Pat.-ID:			Case-Nr:		
<input type="checkbox"/> 3. Cl <input type="checkbox"/> 2. Cl <input type="checkbox"/> 1. Cl		<input type="checkbox"/> privately		<input type="checkbox"/> Self-pay <input type="checkbox"/> SUVA <input type="checkbox"/> EMV <input type="checkbox"/> IV		Name of health insurance			
Date of biopsy:		Hospital and name of clinician (stamp) →							
Previous studies (Nr. oder year):									
Copie(s) at:									

Date of transplantation: / / (Day/Month/Year)

number of transplant? 1. 2. 3. 4. 5.

Clinical (renal) diagnosis:

.....

ABO-inkompatible TR:

(do not fill in this field)

IF

EM

Data valid for this biopsy (please fill in the appropriate boxes and gaps)

Indication for biopsy: 0. zero-hour biopsy 1. diagnostic biopsy

2. yearly check-up biopsy 3. protocol biopsy

4. nephrectomie 5. autopsy

Basic immuno-suppression steroids rapamycin OKT3

AZA CyA ATG/ALG

MMF FK-506/Tacrolimus other

Rejection therapy before biopsy yes no

If yes, specify: steroids plasmapheresis

..... OKT3 other antibodies

..... ALG/ATG

Patient has received no immunosuppression for weeks

Patient is treated by chronic dialysis: yes no

Blood pressure (mmHg) /

Proteinuria +, ++, +++ g/day mg/mmol creatinine

Creatinine mg % µmol/l

Dialysis at the time of biopsy: yes no

Infections at the time of biopsy or in the month prior to biopsy:

- | | | | | | |
|---------------------------|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|
| 1. polyoma | <input type="checkbox"/> yes | <input type="checkbox"/> no | 6. bacteria | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. CMV | <input type="checkbox"/> yes | <input type="checkbox"/> no | 7. fungi | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. herpes | <input type="checkbox"/> yes | <input type="checkbox"/> no | 8. urinary tract infection | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. hepatitis B | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | |
| 5. other, please specify? | <input type="checkbox"/> yes | <input type="checkbox"/> no | | | |

- Stenosis of renal artery: yes no
 Urinary tract outflow obstruction: yes no
 Lymphocele: yes no

Clinical diagnosis and questions:

.....

Please complete only for the first biopsy (fill in the appropriate boxes and gaps)

- Age of donor years sex of donor: m f
 Cause of death trauma other cause
 Donor deceased donor specify:
 living related donor
 non-related living donor
 Source of kidney? local elsewhere
A Ischemia first warm i. (min.) second warm i. (min.)
 cold i. (hours) duration of operation (hours)

Blood group of donor

Precise donor tissue typing A B DR

Precise recipient tissue typing A B DR

Number of mismatches A B DR

B Antibody titer % (highest) % (last serum)

FACS PRA with specificity

Blood group of recipient

Blood transfusions of recipient yes no MLC pos neg

Basic renal disease

C Native kidney biopsy definite probable possible

Risk patient for transplantation? yes no

Reasons heart-circulation chronic liver disease

other:

D Adequate initial transplant function (no dialysis in the first week): yes no

Number of weeks on dialysis after transplantation? weeks

