

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	
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:	<input type="checkbox"/> 0. zero-hour biopsy	<input type="checkbox"/> 1. diagnostic biopsy
	<input type="checkbox"/> 2. yearly check-up biopsy	<input type="checkbox"/> 3. protocol biopsy
	<input type="checkbox"/> 4. nephrectomie	<input type="checkbox"/> 5. autopsy

Basic immuno-suppression	<input type="checkbox"/> steroids	<input type="checkbox"/> rapamycin	<input type="checkbox"/> OKT3
	<input type="checkbox"/> AZA	<input type="checkbox"/> CyA	<input type="checkbox"/> ATG/ALG
	<input type="checkbox"/> MMF	<input type="checkbox"/> FK-506/Tacrolimus	<input type="checkbox"/> other

Rejection therapy before biopsy	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, specify:	<input type="checkbox"/> steroids	<input type="checkbox"/> plasmapheresis
.....	<input type="checkbox"/> OKT3	<input type="checkbox"/> other antibodies
.....	<input type="checkbox"/> 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:	<input type="checkbox"/> m <input type="checkbox"/> f
Cause of death	<input type="checkbox"/> trauma	<input type="checkbox"/> other cause	
Donor	<input type="checkbox"/> deceased donor	specify:	
	<input type="checkbox"/> living related donor		
	<input type="checkbox"/> non-related living donor		
Source of kidney?	<input type="checkbox"/> local	<input type="checkbox"/> 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	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> MLC pos	<input type="checkbox"/> neg
C			
Basic renal disease	.....	
	<input type="checkbox"/> definite	<input type="checkbox"/> probable	<input type="checkbox"/> possible
Native kidney biopsy	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Risk patient for transplantation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Reasons	<input type="checkbox"/> heart-circulation	<input type="checkbox"/> chronic liver disease	
	<input type="checkbox"/> other:		
D			
Adequate initial transplant function (no dialysis in the first week):	<input type="checkbox"/> yes <input type="checkbox"/> no		
Number of weeks on dialysis after transplantation?	..... weeks		

