

Initials (if no middle initial, use X)

/

Date of Birth (Month/Day/Year)

Site Code:

Accrual Number: (assigned by the registry)

Initials: (if no middle initial, use X)

Gender: Male Female

in cm Height: lb kg

Weight: .
.

Race (Please select only one):

- White Black Asian Latin American Indian
- Indian Sub-Continent Mid-Eastern/Arabian Pacific Islander
- Other (please specify): _____

Ethnicity (Please select only one):

- Non-Hispanic
- Hispanic, Mexican
- Hispanic, Other (please specify): _____

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

Donor Type (Please select only one):

- Cadaveric Living, Relationship: _____

Organ Transplanted (Please select only one):

- Liver Kidney Intestine

Viral Serologies:

EBV Status: Donor: + - Recipient: + -

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CMV Status: Donor: + - Recipient: + -

Recipient Blood Information:

ABO: _____ Rh Factor: + - Cross Match: + -

HLA Type:	<u>A1</u>	<u>A2</u>	<u>B1</u>	<u>B2</u>	<u>DR1</u>	<u>DR2</u>
Donor						
Recipient						

Induction Agent:

- Thymoglobulin Campath OKT3
- Basiliximab Daclizimab None

Immunosuppressive Agents Following Transplant: _____

Immunosuppressive Agents Prior to Withdrawal: _____

All Other Current Medications: _____

Date Withdrawal Initiated: / / (Month/Day/Year)

Date Withdrawal Completed: / / (Month/Day/Year)

Method of Withdrawal:

- Noncompliance
- Elective
- Emergent, Reason: Disease Toxicity

Reason for Withdrawal:

- PTLD Hypertension Renal Insufficiency

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- EBV
- Neurological
- Drug Toxicity
- Other (please specify): _____