

Initials (if no middle initial, use X)

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Date of Birth (Month/Day/Year)

Today's Date: / (Month/Day/Year)

Follow-Up Year:

Current Medications: _____

Current Subject Status: Living
 Deceased, Date: / (MM/DD/YY)

Current Graft Status: Functioning
 Graft Dysfunction
 Removed

Since Enrollment/Last Update:

Number of Rejection Episodes:

Graft Loss: No Yes

Retransplantation: No Yes, Date: / (MM/DD/YY)

Resumed IS: No Yes, Date: / (MM/DD/YY)

Latest Clinical/Laboratory Findings:

in Height: lb
 cm kg
Weight: . .

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Blood Pressure: mmHg Systolic / mmHg Diastolic

mg/dL
 $\mu\text{mol/L}$ BUN:

mg/dL
 $\mu\text{mol/L}$ Urea:

mg/dL
 $\mu\text{mol/L}$ Creat: .

GFR:

Urine Dipstick for Protein:

24 Hour Urine Collection: Protein mg/dL
 $\mu\text{mol/L}$

Creat . mg/dL
 $\mu\text{mol/L}$

Number of Biopsies Since Enrollment/Last Update: **Note: complete a biopsy report for EACH biopsy performed.**