

Initials (if no middle initial, use X)

/

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:
 cm lb
 kg
Weight:

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Date of Birth (Month/Day/Year)

Blood Pressure: mmHg Systolic / mmHg Diastolic

AST: U/L

ALT: U/L

GGT: U/L

Bilirubin: Total: mg/dL
 μ mol/L

mg/dL
 μ mol/L

Direct

INR: .

PLT: $10^3/L$

mg/dL
 μ mol/L Creat: .

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