

Current Immunosuppression	CyA <input type="checkbox"/>	FK-506/Tacrolimus <input type="checkbox"/>
	Steroids <input type="checkbox"/>	Azathioprine <input type="checkbox"/>
	MMF/CellCept/Myfortic <input type="checkbox"/>	Rapamycin/Sirolimus <input type="checkbox"/>
	ATG / ALG / OKT3 / Thymoglobulin <input type="checkbox"/>	
	IVIg <input type="checkbox"/>	Rituximab (anti-CD 20) <input type="checkbox"/>
	Anti-CD25 antibody (e.g. basiliximab) <input type="checkbox"/>	
	Campath-1 (Alemtuzumab) <input type="checkbox"/>	Other _____

Drug Levels ("eg CyA or FK trough levels")	Low <input type="checkbox"/>	expected target range <input type="checkbox"/>
	High <input type="checkbox"/>	unknown <input type="checkbox"/>

Specific anti-rejection treatment before biopsy (within last week) **Yes** **No**

If yes, what was the type of preceding anti-rejection treatment:

OKT3 <input type="checkbox"/>	Bolus steroid <input type="checkbox"/>	Thymoglobulin/ATG <input type="checkbox"/>
Radiation <input type="checkbox"/>	Plasmapheresis <input type="checkbox"/>	IVIg <input type="checkbox"/>
Rituximab (anti-CD 20) <input type="checkbox"/>	Tacrolimus (rescue protocol) <input type="checkbox"/>	Other _____

Patient is currently off all immunosuppression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient seems compliant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient is currently back on hemodialysis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of antibodies	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, titer specificity?

Blood Pressure (mmHg)	_____ / _____ (systolic/diastolic)
Proteinuria:	0 / + / ++ / +++ (_____ gm/24hrs)
Hematuria:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Suspicion of Glomerulonephritis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Urine Sediment:	Active <input type="checkbox"/> Inactive <input type="checkbox"/> Not Checked <input type="checkbox"/>

Serum Creatinine (present peak):	_____ mg %	(_____ µmol/l)
Serum Creatinine (baseline level, previous 3 months):	_____ mg%	(_____ µmol/l)

Clinical Signs of Infection at time of current Biopsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
1. Polyoma(BK)virus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
If yes, specify:	Plasma PCR _____	Decoy Cells _____	Urine PCR _____
2. CMV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
3. Herpes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
4. Hepatitis B/C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
5. Adenovirus	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
6. EBV	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
7. Bacteria	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
8. Fungi	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
9. Urinary Tract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
Other infections _____			

Stenosis of renal artery	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
Obstruction of Ureter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>
Lymphocele	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Undecided <input type="checkbox"/>