ANZDATA Registry
Rejection Form

Form **RE**

This Form is additional to the main data form

REGISTRY NO	CURRENT HOSPITAL	SURNAME	GIVEN NAMES

In this survey period, indicate the number of rejection episodes

DATE OF THIS REJECTION

[ ] [ ] [ ]

WAS A BIOPSY PERFORMED

[ ]

C = Yes (Clinical Suspicion)
P = Yes (Protocol)
D = Yes (Delayed Graft Function)
N= No (Go to Question 2b)

IF NO BIOPSY

On clinical grounds (including response to treatment) was this rejection considered

[ ]

1 = Possible
2 = Probable
3 = Definite

SERUM CREATININE
at biopsy (or date of diagnosis if no biopsy performed)

[ ] **(µmol/L)**

IF BIOPSY PERFORMED

What type of rejection did the biopsy show? **Please complete all boxes**

Antibody Mediated [ ]
T-cell Mediated [ ]

Y = Yes
N = No

Presence of Donor Specific Antibody (DSA) [ ]

1 =Pre-transplant
2 = De Novo
3 = Pre-transplant & De Novo
4 = No DSA detected

BANFF CLASSIFICATIONS (Enter either Grade 0,1,2,3 for each box)

g	i	t	v	ptc
[ ]	[ ]	[ ]	[ ]	[ ]

c4d	cg	ci	ct	cv
[ ]	[ ]	[ ]	[ ]	[ ]

mm	ah	ti	i-IFTA
[ ]	[ ]	[ ]	[ ]

PRIMARY TREATMENT OF THIS REJECTION

Sequential codes may be used eg:

[ ] [ ] [ ] [ ] [ ] [ ]

C
F
G

A = Nil
B = Introduction Or Increased Dose Of Steroids
C = Introduction Or Increased Dose Of Steroids And Polyclonal / Monoclonal Therapy *
D = Polyclonal / Monoclonal Therapy Alone *
E = Introduction Or Increased Dose Of Cyclosporin A
F = Introduction Or Increased Dose Of Tacrolimus
G = Introduction Or Increased Dose Of Mycophenolate Mofetil
H = Introduction Or Increased Dose Of Sirolimus
I = Plasmapheresis
J = Intravenous Immunoglobulin *
Z = Other (Specify)

Monoclonal/Polyclonal Therapy

* For all Monoclonal / Polyclonal therapies, enter agent & number of doses given.

Agent Code	Doses Given

Type of Agent

1 0 = Sotrovimab
5 = Intravenous Immunoglobulin
6 = Basiliximab
7 = Rituximab
8 = Polyclonal Anti T Cell
9 = Other Monoclonal (Specify)

RESPONSE OF THIS REJECTION TO TREATMENT

[ ]

A = Resolution of rejection with return of graft function to pre-rejection levels or better
B = Resolution of rejection with improvement of graft function but not to pre-rejection levels
C = Resolution of rejection but with no improvement of graft function with serum creatinine less than 250 umol/L
D = Resolution of rejection but with no improvement of graft function with serum creatinine greater than 250 umol/L
E = Inadequate control of rejection with failure of graft within one month
F = Rejection not resolved but no graft failure within one month

COMMENTS