



**SECTION 3 : TREATMENT**

**1. Immunosuppressive information**

- a. Are any medications given currently for maintenance or anti-rejection:  N  Y  U  
If no, maintenance medications are currently given, did the physician discontinue all immunosuppressive medications:  N  Y  U
  
- b. Did the patient participate in any clinical research protocol for immunosuppressive medications:  N  Y  U  
If Yes, specify: \_\_\_\_\_

**2. Other Therapy**

- a. Photopheresis  N  Y  U
- b. Plasmapheresis  N  Y  U
- c. Total Lymphoid Irradiation (TLI)  N  Y  U

**3. Biologicals / Vaccines**

- a. Cytogam (CMV)  N  Y  U
- b. Gamimune N 10%  N  Y  U
- c. Gammagard SD  N  Y  U
- d. Acyclovir (Zovirax)  N  Y  U
- e. Ganciclovir (Cytovene)  N  Y  U
- f. HBIG (Hepatitis B Immune Globulin)  N  Y  U
- g. Flu Vaccine (Influenza virus)  N  Y  U

h. Other:

**SECTION 4 : IMMUNOSUPPRESSION THERAPY**

	All Maint since last report	Maint at time of report	Anti-rej
<b>1. STEROIDS</b>			
a. Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Methylprednisolone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. T-CELL ACTIVATION INHIBITORS</b>			
a. Cyclosporin A (CSA, Sandimmune, CyA, CyS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Neoral (CyA-NOF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. FK506 (Prograf, Tacrolimus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rapamycin (RAPA, Sirolimus, Rapamune)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gengraf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. ANTIMETABOLITES</b>			
a. Azathioprine (AZA, Imuran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mycophenolate Mofetil (MMF, Cellcept, RS61443)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cytoxan (Cyclophosphamide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. ANTI-LYMPHOCYTE RECEPTOR ANTIBODIES</b>			
a. T10B9 (Medimmune)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ATG (Atgam, Anti-thymocyte Globulin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. NRATG / NRATS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. OKT3 (Orthoclone, Muromonab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Thymoglobulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Zenepax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Simulect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. CYTOKINE INHIBITORS</b>			
a. IL - 1 Receptor Antagonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Anti - IL - 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Anti - TNF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Soluble IL - 1 Receptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. SUPPRESSOR INDUCERS</b>			
a. Aldesleukin (IL - 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. OTHER IMMUNOSUPPRESSIVE MEDICATION</b>			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>