CTS COVID-19 SERUM STUDY

POST-TX SARS-COV-2-SPECIFIC QUESTIONNAIRE

RECIPIENT (Last Name, First Name or Center ID) _____

TRANSPLANT DATE _____ (Day/Month/Year)

DATE OF SARS-CoV-2 SYMPTOM ONSET _____ (Day/Month/Year)

SUPPORTIVE CARE

ICU	☐Yes ☐No	Days of stay in ICU _____
Oxygen therapy	☐Yes ☐No	
Non-invasive ventilation	☐Yes ☐No	
Invasive ventilation	☐Yes ☐No	Days on ventilation _____
Extracorporeal (ECMO) support	☐Yes ☐No	
Inotropes/vasopressors	☐Yes ☐No	
Acute kidney injury	☐Yes ☐No	
Dialysis	☐Yes ☐No	
Acute liver failure	☐Yes ☐No	

MEDICATION

SARS-CoV-2 specific medication ☐Yes ☐No

If yes, specify: _____

Change in transplant-related medication ☐Yes ☐No

If yes, specify: _____

LABORATORY FINDINGS

Day of hospitalization

Serum creatinine _____ mg/dl or _____ µmol/L

Proteinuria ☐Yes ☐No If yes: _____ g/g crea or _____ g/mol crea

If liver-TX: ☐good functioning graft ☐impaired graft function but no failure

60–90 days after hospitalization

Serum creatinine _____ mg/dl or _____ µmol/L

Proteinuria ☐Yes ☐No If yes: _____ g/g crea or _____ g/mol crea

If liver-TX: ☐good functioning graft ☐impaired graft function but no failure

_____ Transplant Center

_____ Date

_____ Completed by

Please return to: PD Dr. Hien Tran
Transplantation Immunology
Heidelberg University Hospital
Im Neuenheimer Feld 305
69120 Heidelberg – GERMANY

or fax to: +49 6221 564200