

Allosensitization History & UNOS Listing

Patient: _____
 MRN: _____ SSN: _____
 Program: ___ LDS Hospital. ___ UUHSC, ___ PCMC, ___ VAMC
 Transplant: ___ kidney, ___ pancreas, ___ liver, ___ heart, ___ lung, ___ bowel
 Primary disease: _____
 Date of report: _____ Date of UNOS Listing: _____
 Submitted by: _____

Event	Data	Notes or Comments
Previous transplant	Organ(s) _____ Date of transplant _____	Transplant center: _____
	Is graft functioning? Yes__ No__	
	Date of graft loss _____ Cause of graft loss _____	Return to dialysis _____
	HLA typing of donor #1: A: _____, _____ B: _____, _____ C: _____, _____ DRB: _____, _____, _____, _____ DQB: _____, _____	
	HLA typing of donor#2: A: _____, _____ B: _____, _____ C: _____, _____ DRB: _____, _____, _____, _____ DQB: _____, _____	
Pregnancy	Number _____ gravida _____ and para _____	HLA type of husband: _____
Transfusions	Number ___ & type of product(s) _____, last year of txf _____	
Assist device placement	Type of device _____ Date of placement _____	
Primary Disease	Cause of end-stage organ failure _____	Autoimmunity history:
Acute infections	Viral infection _____ or Bacterial infection _____	
Chronic infections	Viral _____ Subclinical bacterial _____	
Current medications		Those relevant for lab: anticoag, cardiac meds
Vaccinations	Type _____ Date administered _____	

Jan. '05

