

# INTERNATIONAL ISLET TRANSPLANT REGISTRY



*New ITR-Forms developed*

## ***RECIPIENT FORM FOR CLINICAL ISLET TRANSPLANTS***

### — INSTITUTION DATA —

ITR Institution # <input type="text"/>	Transplant Center <input type="text"/>	Transplant Team <input type="text"/>
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### — RECIPIENT DATA —

Case # <input type="text"/>	Local Code <input type="text"/>	First and Last Initial <input type="text"/> <input type="text"/>	Date of Birth <input type="text"/>	Sex <input type="radio"/> male <input type="radio"/> female	
Date of Tx <input type="text"/>	No. of Donors <input type="text"/>	Type of DM <input type="text"/>	Age of Diabetes Onset <input type="text"/>	Height (cm) <input type="text"/>	Weight (kg) <input type="text"/>
CMV <input type="radio"/> positive <input type="radio"/> negative	ABO <input type="radio"/> O <input type="radio"/> B <input type="radio"/> A <input type="radio"/> AB	HLA: <input type="text"/> A <input type="text"/> B			

### — TRANSPLANT DATA —

<input type="checkbox"/> Autograft	Donor Tissue <input type="checkbox"/> Adult <input type="checkbox"/> Fetal	HLA of tx'd Kidney: <input type="text"/>
<input type="checkbox"/> Allograft		
<input type="checkbox"/> Xenograft Species: <input type="text"/>		
Site of Tx <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Kidney		

**considering  
valuable proposals  
made by Dr. David Scharp,  
Washington University, St. Louis,  
in cooperation with other leading  
North American Islet Transplant Centers**

- Recipient Form for Clinical Islet Transplants**
- Donor Form for Clinical Islet Transplants (Adult Tissue)**
- Donor Form for Clinical Islet Transplants (Fetal Tissue)**
- Follow-Up Form for Clinical Islet Transplants**

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