

>3 to 24 months Post-Transplant Blood and Urine Screening Checklist

Weight, BP, BSL, creatinine and CNI (Tac-trough, CsA-C2) and/or mTORI trough level at every visit

Date of transplant:		CMV IgG status: D - /R -		EBV IgG status :								
Number of months after Transplant	Month/Year of Review	CMV DNA	BK DNA	EBV DNA (if IgG D+/R-)	Urine ACR or PCR	Lipids	PTH, Vit D	BMD	HbA1c	anti-HLA DSAs and protocol biopsy	Comments/Other (eg vaccines/cancer screening)	
4		test where indicated (note: these patients should have Valaciclovir (Valtrex) prophylaxis for HSV/VZV for 3m)	☺	☺	☺							
5			☺	☺	☺							
6			☺	☺	☺	☺	☺					
7			☺	☺	☺							
8			☺	☺	☺							
9			☺	☺	☺	☺	☺					
10			☺	☺	☺							
11			☺	☺	☺							
12			☺	☺	☺	☺	☺	☺	☺	☺		
13						☺						
14						☺						
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17						☺						
18			☺	☺	☺	☺	☺					
19												
20												
21			☺	☺	☺	☺						
22												
23												
24			☺	☺	☺	☺	☺			☺		
Beyond 24 months				PRN	PRN	every 3 months	every 6 months	second yearly	every 1-3 years	Annually	as indicated	

1. If patients require additive treatment for rejection episodes in this period, then consider increased viral surveillance (for 3-6 months post MP, 12 months following ATG)

2. CMV D- /R - recipients should still have prophylaxis for VZV/HSV x 3 months with Valacyclovir (Valtrex)

3. If patients have had CMV/BK then the frequency of viral screening during, and following treatment, may also need to be adjusted

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