

Post transplant follow up testing - first 12 weeks

Weight, BP, creatinine and drug level (Tacrolimus/mTORi :trough. Ciclosporin :C2) at each appointment

Wk	Urine MCS (once/wk in the marked weeks)^	Urine ACR or PCR	Fasting BSL	Random afternoon BSL*	OGTT	Lipids	BK DNA; & EBV DNA if (IgG D-/R-)#	CMV DNA if IgG D+ (irrespective of recipient status)	(TxS from increased risk donors)HCV, HIV and HBV NAT and serology	ABO titres if ABOi	PTH & 25-OH Vit D	Anti-HLA DSA screen & Protocol biopsy
1			x					All patients with IgG positive donor are on prophylaxis for at least 3m, consider checking CMV DNA if there have been interruptions or concern for under-dosing of prophylaxis		x		
2	x		x							x		
3	x		x							x		
4	x	x	x	x			x		x	x		
5	x											
6	x											
7	x											
8	x	x	x	x		x	x		HBV only	x		
9												
10												
11												
12		x	x		x	x	x	x	HBV serology only	x	x	x

^Wk 5 selected as this precedes the ureteric stent removal in week 6. Wk 6 urine sample should be collected within the wk after stent removal. No evidence to support treatment of asymptomatic bacteruria after 8 wks post transplant.

*Afternoon sampling as peak time of action of corticosteroids is 4-6 hrs following administration-morning levels may miss hyperglycaemia. Can do at hosp or private path service. Post-tx hyperglycaemia does not equate to post-transplant DM - diagnosis can be made ~ 3 months post-transplant, when prednisolone is down to 10mg. Hyperglycaemia prior to 3 months may still warrant treatment.

#Consider CMV DNA if there have been interruptions to prophylaxis