

# 1. Presentation - in hospital, out-patient clinic or dialysis center: patient characteristics

Record ID

9

**Before entering data: This database is only for patients**

- Who receive dialysis treatment or who are living with a kidney transplant
- Who have a confirmed COVID-19 infection (by PCR or CT)

**Please note:**

- Fill in data for the moment patients presented themselves for evaluation of COVID-19
- After this first presentation patients can be admitted to hospital or be sent home.

**In case of admission after initially being sent home, this is a second presentation.**

**This should be a separate entry using data at second presentation.**

**-Please enter only de-identified information below. Do not include your patients name, initials, date of birth or zip code. Thank you!**

## 1. PRESENTATION - IN HOSPITAL, OUT-PATIENT CLINIC OR DIALYSIS CENTER: PATIENT CHARACTERISTICS

1.1 This eCRF concerns a patient:  Living with a kidney transplant, first presentation

Explanatory note:

In case patients present themselves for diagnostics and are positive, but are discharged home because they have mild disease, it can happen that they return some days later because of worsening disease. In that case, please fill in data at their first presentation, but ALSO data at their second presentation in a new record, using the respective option above.

1.4 Sex  Male

1.5 Age (years) 75  
((years))

1.7 Country  Netherlands

1.8 Risk factors  Hypertension (RR>140/90 or antihypertensive drugs)  
 Coronary Artery Disease

1.12 Use of ACE inhibitor  No

1.13 Use of Angiotensin Receptor Blocker  Yes

1.14 Identifier of KRT registry

Name of preferred registry: Eurotransplant xxxxxxxx  
Please fill in the Eurotransplant identifier:

Enter your patient's unique hospital code here.  
This is REQUIRED for patient retrieval:  
(for your information, this number will be deleted  
when your patient record is completed and closed.  
This number will NOT be saved in the final database).

xxxxxxx

(Unknown year of start any form of kidney replacement therapy)

Unknown

1.16 Year of last transplantation (yyyy)

2013  
((yyyy))

1.17 Use of immunosuppressive therapy at presentation

	Yes	No	Unknown
Tacrolimus	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
mTOR inhibitor (sirolimus, everolimus)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2. Presentation - in hospital, out-patient clinic or dialysis center: COVID-19 related characteristics

	Yes	No	Unknown
Cough	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nausea or vomiting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diarrhea	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 Temperature at presentation (Celsius)	38.6 ((Celsius) (use decimal point instead of comma))		
2.3 Respiration rate at presentation (/min)	14 ((/min))		
2.4 Oxygen saturation with room air (%)	99 ((%))		
2.5 Systolic blood pressure (mmHg)	145 ((mmHg))		
2.6 Diastolic blood pressure (mmHg)	65 ((mmHg))		
2.7 Pulse rate (bpm)	80 ((bpm))		
2.8 COVID test result	<input checked="" type="radio"/> Positive		
2.9 Abnormalities on chest X-ray suggestive for COVID-19	<input checked="" type="radio"/> No chest X-ray performed		
2.10 Abnormalities on CT-scan suggestive for COVID-19	<input checked="" type="radio"/> Yes		
2.11.3 Kidney (>25% increase in creatinine compared to situation before COVID-19 presentation)	<input checked="" type="radio"/> Yes		

### 3. Follow-up

#### Follow-up data

Please fill in these data. However, this form can only be definitely completed:

- In case your patient is not admitted,
- For admitted patients only after discharge from hospital or when deceased.

3.1 Hospital admission  Yes

3.1.1 Date of hospital admission (dd-mm-yyyy) 19-03-2020

3.2 ICU admission  Yes

3.2.1 Date of ICU admission (dd-mm-yyyy) 19-03-2020

3.3 Intubation  Yes

3.3.1 Date of intubation (dd-mm-yyyy) 19-03-2020

3.9 Angiotensin Receptor Blocker  Discontinued

3.10 Organs affected other than airways during Follow-up

3.10.2 Heart (signs of congestive heart failure/new abnormalities on ECG)  Yes

3.11 Change in dose of tacrolimus < 48h after presentation  No change

3.15 Change in dose of mTor inhibitor < 48h after presentation  Withdrawal

## 4. Outcome

### At hospital discharge

**This form can only be definitely completed:**

- In case your patient is not admitted,
- For admitted patients only after discharge from hospital or when deceased.

4.1 Vital status at hospital discharge  Deceased

4.1.2 Date of death (dd-mm-yyyy) 24-03-2020

4.1.3 Cause of death COVID-19 related  Yes