

**University of Western Ontario and LHSC - University Campus**

**TRANSPLANT NEPHROLOGY FELLOWSHIP LOG**

<b><u>Transplant Procurement (CAD or LD) 3 required</u></b>	<b><u>Date</u></b>
1) _____	_____
2) _____	_____
3) _____	_____

<b><u>Transplant Procedure (CAD or LD) 3 required</u></b>	<b><u>Date</u></b>
1) _____	_____
2) _____	_____
3) _____	_____

<b><u>Transplant Biopsies (30 minimum, use additional pages)</u></b>	<b><u>Date</u></b>
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____
11) _____	_____
12) _____	_____
13) _____	_____
14) _____	_____
15) _____	_____

**Months out-pt clinic – (at least 3 continuous)**

Dates: \_\_\_\_\_

Number of patients primarily reviewed per month: \_\_\_\_\_

**Months in-pt service - (at least 6)**

Dates: \_\_\_\_\_

New Txp (at least 30) \_\_\_\_\_ F/U Txp \_\_\_\_\_

Number of patients followed: \_\_\_\_\_

**Research Months – (at least 3)**

Describe Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Didactic Sessions:**

<u>Name</u>	<u>Completed Yes / No</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HLA / Tissue Typing Training** **Date**  
Completed (circle one) YES NO \_\_\_\_\_  
Expected date of completion: \_\_\_\_\_

**Renal Transplant Biopsy Pathology** **Date**  
Completed (circle one) YES NO \_\_\_\_\_  
Reviewed biopsies with pathologist \_\_\_\_\_

**Infectious diseases selective** **Date**  
Completed (circle one) YES NO \_\_\_\_\_  
Expected date of completion: \_\_\_\_\_