**Appendix A Minimal dataset for reporting of renal transplant biopsies**

Surname: …………………………Forenames:………………………..Date of birth: ………………Sex:….……..

Hospital…………………………….…………….Hospital No: ………………….……NHS No:……………………..

Date of surgery: ……………….…Date of report authorisation: ……………Report No:………………………...

Date of receipt:…………………...Pathologist:………………….……………Clinician:……………………….......

**SPECIMEN DETAILS**

**Biopsy type:**

€ Time zero biopsy (pre-implantation) € Time zero (post-implantation)

€ Indication biopsy (graft dysfunction) € Surveillance or protocol biopsy

€ Alternative indication, e.g. for DSA or post-treatment € Biopsy type unknown

**Tissue received:** € Fixative for LM € Sample for IF (fresh/transport medium) € Fixative for EM € Other: ……

**Light microscopy sample type:**

€ Core(s), number......(length, mm)…….../........../........../........

€ Punch, number..…..(length, mm) .........../.............

€ Wedge, number …..(length, mm) .........../.............

**LIGHT MICROSCOPY**

Cortex: € Present € Absent

Medulla: € Present € Absent

**Glomeruli:**

Number of glomeruli....................Number of sclerosed glomeruli...............

Glomerulitis (Banff g): € Present € Absent € N/A

Capillary wall double contours (Banff cg): € Present € Absent € N/A

*Glomerular pathology, other (please describe)*

**Tubules and interstitium:**

Tubular atrophy/interstitial fibrosis (nearest 10%) (Banff ct/ci): ………

Peritubular capillaritis (Banff ptc): € Present € Absent € N/A

Tubulitis in tubules that are not severely atrophic (Banff t): € Present € Absent € N/A

Interstitial inflammation (non-scarred cortex, Banff i): € Present € Absent € N/A

Interstitial inflammation (scarred cortex, Banff i-IFTA): € Present € Absent € N/A

*Tubulointerstitial pathology − other (please describe)*

**Vessels:**

Number of arteries .............

Arterial intimal thickening (Banff cv): € Present € Absent € N/A

Vasculitis (Banff v): € Present € Absent € N/A

Chronic allograft arteriopathy *(new onset intimal fibrosis, excluding other causes):* € Present € Absent € N/A

Arteriolar hyalinosis (Banff ah): € Present € Absent € N/A

*Vascular pathology – other (please describe) .....*

**IMMUNOHISTOCHEMISTRY**

C4d: € Positive € Negative € Equivocal/unknown € Not performed

SV40: € Positive € Negative € Equivocal/unknown € Not performed

*Immunostains − other (please describe) ....*

**ELECTRON MICROSCOPY**€ Performed € Not performed

Glomerular capillary wall double contours (Banff cg1a): € Present € Absent

Peritubular capillary basement membrane multilayering (PTCML): € Present € Absent

**FINAL DIAGNOSI(E)S/COMMENT*:*** *Provide comment/narrative on diagnostic finding(s*):……………………….

*Specify at least 1 diagnosis from rejection list and at least 1 diagnosis from non-rejection list (Appendix B)*

**Rejection diagnosi(e)s…**…………………………………..**Non-rejection diagnosi(e)s**……………………………

**Signature**: .......................................... **Date:** .... /.... /.... **SNOMED codes: .**.......................................................