





# Predigraf t v.1.14 User Manual

# **Healthcare Professional**



Please read this entire manual carefully before using Predigraft software, a class lla medical device.





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Manufacturer:



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This manual complies with EU Medical Device Regulation 2017/745.





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# 1. About this manual

This manual is an integral part of the Predigraft software. It details the presentation of the application, its configuration, and its use.

The electronic version of this manual is available online at <u>www.cibiltech.com</u>. If required, a printed version can be provided upon request at the following address: <u>contact@cibiltech.com</u>.

**Note:** The screenshots shown in this user manual are examples only, they are not exhaustive and may differ slightly from the views available in the user interface.

Intended Audience: This manual is intended for healthcare professionals.

# 2. Security Information

Only healthcare personnel who have read these instructions in full are authorized to use Predigraft. For correct and safe use and for all maintenance interventions, it is essential that personnel follow standard safety procedures.

## 2.1. Primary risks related to the use of Predigraft

The main risks identified are related to the input of data that can result in:

- An overestimation of the patient's current or expected state of health:

When an input is erroneous (i.e. falsely reassuring) and an alert is not sent to the healthcare professional, the chances of graft survival are higher than expected.

- An underestimation of current or expected health status:

When an input is erroneous (i.e. falsely critical) and an alert is sent to the healthcare professional, the probabilities of graft survival are lower than expected.

**Note:** Predigraft is a decision support tool. The clinical assessment of health status by the health professional is not based solely on the prognosis of Predigraft.

## 2.2. Warnings

- Always ensure that you only open websites via a secure SSL/TLS connection. In this case, the Internet address starts with "https". Simple connections that only start with "http" are a security risk.
- Make sure you are using the latest version of your web browser (compatible with Predigraft *as per the technical specifications chapter*) and regularly update your operating system.
- Keep your passwords up to date. Use a separate password for each application and do not use previous passwords.





- Do not click on links in emails from unknown senders, as this could direct you to a website containing malware.

## 2.3. Description of product labeling

The following symbols may be visible in the application or in the documentation:

Symbol/Text	Meaning
	Manufacturer's address
Predigraft v1.14	Device name and version identification
Ĩ	Consult the user manual
<b>C€</b> <sub>2797</sub>	CE Marking 2797: identification of the notified body

# 3. Intended use

Predigraft is a medical device intended to be used as a predictive tool to inform healthcare professionals of the probability of survival of allograft kidney transplants following kidney transplantation. These probabilities, along with available standard clinical data, help describe the condition of the allograft, and provide additional information concerning the patient's care and treatment decisions. Specifically, Predigraft provides probabilities of allograft survival at +3 / +5 / +7 years after evaluation, based on the combination of a set of clinical, biological, and histological parameters.

Predigraft is also intended to be used as a telehealth tool after kidney transplantation to facilitate communication between clinicians and patients by providing a customizable alert system.

#### Warning:

Remote monitoring is not an emergency response system. In the event of a medical problem, patients should contact a healthcare professional or Emergency Medical Services.





## 3.1. Intended users

The Predigraft solution is intended to be used by:

- Healthcare professionals involved in the treatment and follow-up of kidney transplant patients such as nephrologists, nurses, etc.
- Kidney transplant patients.

## 3.2. Intended patient population

Patient selection criteria:

- Patient having received a kidney transplant from a living or deceased donor,
- Patient must be at least 18 years old.

## 3.3. Contraindications

Predigraft cannot be used for the follow-up of patients who have had:

- Previous non-functional kidney transplantation,
- A combined transplant (e.g., kidney heart transplant, kidney liver transplant).
- A transplant within the past month.

# 4. Operating principle and mode of action

## 4.1. iBox technology

Predigraft was developed using the "integrative BOX" (iBox) technology. The iBox is a predictive algorithm developed by the Paris Transplant Group (INSERM UMR 970; Principal Investigator: Professor Alexandre LOUPY). The algorithm predicts allograft survival at 3, 5, and 7 years after risk assessment with accurate calibration and discrimination (concordance index 0.81; 95% confidence interval - 0.79 to 0.83). It was developed in a cohort of 4000 kidney transplant patients in France and validated in a cohort of 2129 patients in Europe and a second cohort of 1428 patients in three centers in the United State.





## 4.2. Mode of action

Predigraft is used as a risk monitoring/assessment tool.

During patient follow-up, the healthcare professional uses Predigraft as a tool to be informed of the long-term survival probabilities of the allograft. The risk of allograft loss is assessed based on the biological parameters used in clinical follow-up during routine care, namely: creatinine (to estimate glomerular filtration rate according to the MDRD formula; in ml/min/1.73 m<sup>2</sup>) and the ratio of proteinuria to urinary creatinine on a sample (in g/g).

Healthcare personnel are informed of the long-term survival estimates for kidney allograft transplants at the time of each patient visit and can decide to follow-up the patient's evaluation with additional information from an allograft biopsy and measurement of donor-specific anti-HLA antibodies. This decision may be made on the basis of:

- Survival probabilities of the kidney allograft,
- Other parameters non captured in Predigraft,
- Preset alerts.







# 5. Technical data/Prerequisites

The Predigraft tool for healthcare professionals is available in SaaS (Software as a Service) mode via the web. It is compatible with devices supporting the following browsers:

Browser	Compatible version
Chrome	≥ Version 81
Firefox	≥ Version 75
Safari	≥ Version 14
Edge	≥ Version 91

An internet connection is required to use Predigraft. The use of Predigraft does not require any training.

# 6. Authentication/Account creation

When an account is created, the Cibiltech team configures access to the application for two profiles:

- 1. Team owner
- 2. Contract Team member

Access rights and functionalities are different for these profiles.

The Cibiltech team creates the "owner" user account and then the team associated with this user. The Cibiltech team creates as many teams as needed. There is one owner per team.

# 6.1. You are the team owner 📥

When you subscribe, you will receive a link to the "Reset Password" page via email. On this page, enter your email address to receive a reset link. By clicking on the link from your email, you will be redirected to a page where you can enter your password and a confirmation of the password. You are then connected to the application as the "team owner".

## 6.2. You are a team member an

The team owner sends an invitation email to members via the Predigraft interface. If you are in the list of users authorized to create an account on Predigraft, you will receive an invitation link by email.





Click on this link to be redirected to the Account Creation page. You must enter your name, email address (identical to the address to which the invitation was received), password, and password confirmation. You are then connected to the application as a "team member".

# 6.3. You are a Predigraft user (owner/member) 📥

To activate your account (owner or member), you must:

- Confirm your email by clicking on a link sent to you by email,
- Read and accept the General Terms and Conditions of Use (GTCU).

## Forgot your password?

If you have forgotten your password, you can click on "Forgot your password?" on the login page. On the password reset page, enter your email address to receive a reset link. By clicking the link from your email, you will be redirected to a page where you can enter your new password and a confirmation of the password.

	Log in		
	Email Address	Ð	
	Password	þ @	
		Forgot password?	
	Login		
	About   Legal notice   Q Privacy policy   Privacy and co	Jser guide sokie policy   CGU	
	PREDIGRA	AFT	
Reset Passwo Enter your email and	rd we'll send you a reset link.		or Log in
Email Address			Þ

Warning: Passwords are personal and confidential. They must not be shared with a third party. They are governed by a confidentiality policy.







Once logged in, you can go to your personal space in the "Account" tab. Here, you have the option to update account details, including your name and password.

Account				
Account setti	ngs		Change password	
Name	Prof. Lorena Jast	Update	Current password	
Email	third.user@example.org		New Reseword	þ (ð
			New Pussword	<b>¦</b> ⊧
			Confirm password	
				<b>¦</b> ⊧ ⊕
			Update password	

# 7. Team Management

This module allows healthcare professionals to be part of a (hospital) department. The team owner and members have access to the patients of the team or department. The owner and members of the department have access to the Predigraft reports created for each patient in the department. At the time of subscription, the owner will be assigned to a team.

## 7.1. Team administration

You are a team member

To view the other members of your team, click on your name in the top right corner, click on "My Team" in the drop-down menu, and then click on your team.

On the "Members" page, you can consult the list of team members, including:

- The full name and email address of the member,
  - The "owner" badge next to the name of the team owner,
  - The "member" badge next to the name of each team member.

Members of team "Rolfson-Skile	is"		← Back
Name	Email	Role	Action
Mr Joesph Feeney I2	first.user@example.org	Owner	
Prof. Lorena Jast	third.user@example.org	Member	🛅 Delete
Manoush M	manon.marault+first@cibiltech.com	Member	🛅 Delete
Manon	manon.thiberge+mbre10@cibiltech.com	Member	🛅 Delete
ManonMbre11	manon.thiberge+mbre11@cibiltech.com	Member	🛅 Delete
Bennie Bergnaum	second.user@example.org	Member	🛅 Delete

You are the team owner





To access the members of your team, click on your name in the top right corner, click on "My Team" in the drop-down menu, and then click on your team.

In the "Invite to the team" section you can:

- Enter the email address of a collaborator and click on "send" to send an invitation email to this user. If the user is already part of another team, you cannot invite him/her to an additional team.

In the "Pending Invitations" section, you can:

- View the email addresses of all collaborators invited join the team,
- Delete the invitation: the invited collaborator will no longer be allowed to create an account on Predigraft and will not be able to join your team.

In the "Members" section, you can consult the list of team members and:

- See the full name and email of the member,
- Click on the "delete" button to remove a member from the list of team members. You cannot remove yourself from the team.

HCP-123I	manon.thiberge+membre123@cibiltech.	com	Member	1 Delete
ManonT HCP 1.14	manon.thiberge+HCP@cibiltech.com		Member	🗊 Delete
HCP MT 114	manon.thiberge+hp114@cibiltech.com		Member	Telete
Pending invitations				
Email		Invitation	Acti	DN
elisa.negra+dalida@cibiltech.com		S Resend invite		Delete
Invite to team "Rolfson-Skiles"				
Email Address				
	🖾 Invite to Team			





# 8. Patient Management

8.1. Patient file

## 8.1.1. Creation of a patient file

O New patient		
New patient		
Administrative data		
First name :		
	6	
Middle name :		
	1	
Last name :		
	1	
Sex :		
O Female O Male		
Select a date		
ID :		
Identification number		
Date of transplant :		
Select a date		
Croate Patient		

By clicking on the top right button "new patient", the user can create a new patient.

The following information must be completed in order to create the patient record:

- First name,
- Middle name (optional),
- Last name,
- Sex,
- Date of birth,
- ID (must be unique within a team/department),
- Date of transplant.

Click on "Register this patient". A window appears to confirm the information that will be entered into the patient record. Click "Confirm" to create the patient. Click "Cancel" to make changes to the patient information.





×

- Name: Birttany MACLEAN
- Sex: Female
- ID: 045-444-999
- Date of birth: January 11, 1991
- Date of transplant: July 1, 2020

ncel Confirm





### 8.1.2. Modification of a patient record

To edit a patient record, click on the patient from the patient list to access his or her record. Click on "Modify" in the title bar. You can modify the following information in the patient record:

- Administrative data:
  - First name,
  - Middle name (optional),
  - Last name,
  - Sex,
  - Date of birth,
  - ID (must be unique within a team/department),
  - Date of transplant.
- Brief patient description:
  - Description (optional).
- Patient ID:
- PPI (Permanent Patient Identifier),
- NEFG of the recipient,
- NATT,
- INS,
- Clinical Study Identifier.
- Referring doctor.

#### Warning:

- The description field has a limit of 300 characters.
- The IPP field always starts with the number 80 and can contain between 8 and 13 characters.
- The NEFG number field accepts only integer values.
- The NATT number field only accepts integer values.

- The INS number accepts only 15 digits: the first digit can only be 1 or 2 and the 4th and 5th digits can only be between 01 and 12.





Administrative data	Patient description Limit of 300 characters
First name :	Description
Birttany	Example: Duration of patient follow-up, referring physician, nephropathy, other pathologies.
Middle name :	<i>li</i>
B	Save changes
Last name :	
MacLean 🎼	Patient identifiers
Sex : ® Female O Male	IPP
Date of birth :	INS
January 11, 1991	
ID :	NEFG
045-444-999	
Date of transplant :	NATT
July 1, 2020	NATT 2
Save changes	
	Clinical study identifier
Referring HCP	
Add a referring hcp	Save changes
Prof. Lorena Jast	

In the NATT field you have the option to click "+" to add a second NATT and click "-" to remove it.

Click on "Save Changes". A window will appear reminding you of the information that will be included in the patient record. Click "Confirm" to apply the changes. Click "Cancel" to continue editing the record. Click on "Save Changes".

Administrative data	Patient description Limit of 300 characters
First name :	Description
Birttany	Example: Duration of patient follow-up, referring physician, nephropathy, other pathologies.
Middle name :	<i>h</i>
D	Save changes
Last name :	
MacLean 🚯	Patient identifiers
Sex : ⊛ Female _ O Male	IPP
Date of birth :	INS
January 11, 1991	
ID :	NEFG
045-444-999	
Date of transplant :	NATT 1
July 1, 2020	NATT 2
Save changes	
	Clinical study identifier
Referring HCP	
Add a referring hcp	Save changes
Prof. Lorena Jast	





### 8.1.3. Deleting a patient record

To delete a patient record, click on the patient from the patient list to access his or her record. Click on "Modify" in the title bar.

At the bottom of the Edit Patient Record page, click on "Delete". You must confirm the deletion by pressing the "Delete patient" button.



## 8.2. Managing a patient

Each department has its own patients. The information below is available in the patient file:

- Patient information,
- Messaging,
- Patient alerts,
- Monitoring / Risk Assessment: link to the patient's iBox assessments,
- Estimated glomerular filtration rate (GFR-e) according to MDRD: graphical display of GFR-e values (by default),
- Blood pressure: graphical visualization of blood pressure,
- Weight: graphical visualization of weight,
- Immunosuppressive drugs: visualization graph of immunosuppressive drugs,
- Biological chart,
- Physician's medical notes,
- Prescriptions,
- Reports,
- Biological analyses,
- Biopsy (histological analysis report),
- DSA,
- Other documents.



Patient : Birttany MACLEAN (045-444-999) *** Female, 30 years old born on Jan 11, 1991, transplanted on July 1, 2020 (1 year ago)				ar ago)		A confirmation email Send a new confirma	has been sent Edit
						Sea Messaging	Upload a document
Surveillance	/ Risk assessmen	t	+ New iE	lox Evaluation	Medical notes	Prescriptions	Medical reports
Date	Input data	Зу	5y	7у			
June 28, 2021	U	96 %	94 %	91 %			1.
Biology table				Show more	Save		
Day after transplar	t	2021-06-28	2021-09-1	14	Biology Analyses	Biopsy	DSA
Time after transpla	it	11 months	1 year, 2	months	Title	Confirmed by	
Potassium (mmol/L)					Bio9-2.pdf	Prof. Lorenz last	
Creatinine (µmol/L			104.31		2021-09-14	Prof. Corena jasc	
Hemoglobin (g/dL)		15.30			Bio4.pdf 2021-07-28	Mr Joesph Feeney 12	
Polynuclear neutrop	hils (10^9/L)	4.97					
Leukocytes (10^9/L)		7.70			Other documents		
Platelets (10^9/L)		182.00			other documents		
Protein creatinine ra	tio (g/g)	10.40				No other documents uploaded yet.	
Estimated	IGFR	Blood Pressure		Weight	Immunosuppressive	drugs 0	
100					No	immunosuppressive drugs record vet.	
80							
60				0			
40							
20							
45 20 400	no yet yet yet	and an an an	wal car	AP CONTA			

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### 8.2.1. Marking a patient as a starred

In the patient file, this button  $\stackrel{f}{\sim}$  located on the top left allows you to add the patient in the "My patients" list or to remove him from this list.

A full star 涬 : the patient is in the list "My patients".

An empty star  $\stackrel{\text{tr}}{\simeq}$  : the patient is not in the "My patients" list.

**Note**: Each user has his own "My patients" list. This list belongs to the user and not to the service. It can also be consulted from the "My patients" button in the main menu on the left (see chapter 12 Managing the "My patients" list).





### 8.2.2. Granting patient access

From each patient record, you can invite a patient to use the Predigraft patient application. Click on the "Create a patient account" button in the title bar.

Patient : Meta V. FAY (669- Male, 42 years old born on Nov 12, 19	<b>-75–5379) •••</b> 778, transplanted on December 25, 2019 (1 year ago)		Create patie	int account	Edit
			🗣 Messaging	Upload a do	ocument
Then fill in the patient's	email address.				
	New patient account				
	Please enter the patient's email.				
		B)			
	createPatientAccount.referringHcp				
	Mr Joesph Feeney I2	~			
	Cancel	atient account			
	Cleate p				

The button "Create a patient account" is then replaced by the text "A confirmation email has been sent".

📌 Patient : Birttany MACLEAN (045-444-999) 🚥	A confirmation email has been sent Edit
Female, 30 years old born on Jan 11, 1991, transplanted on July 1, 2020 (1 year ago)	Send a new confirmation email
	Messaging Upload a document

The patient receives an email with the steps to finalize the account creation and confirm the email address. Once confirmed, the text "A confirmation email has been sent" is replaced with "The patient has an account" and the corresponding patient email address.

#### Notes:

An error message is displayed when the doctor enters an existing patient email.

To understand the data exchange between the physician interface and the patient interface, see Chapter 14 "Patient Application".

You can send a confirmation email to the patient again if the patient has not received an email. If the patient confirms the email, you cannot change the email address.

#### 8.2.3 Messaging system

You can send messages to your patient through a specialized messaging system. You can access your messaging system from a patient record or from the "Messaging" menu (see the chapter Managing messaging).

From a patient file, click on "Messaging" in the banner of your patient file.





The conversation with your patient is displayed. You can access all the conversations of your patients who have an activated Predigraft account, even those you have never exchanged with before.

You can view only the conversations of your patients in the "My Patients" list by checking the "My Patients" box.

You can display only the unread conversations of your patients by checking the "Unread messages" box.

**Note**: The "My Patients" filter is enabled by default. The "Unread Messages" filter is disabled by default.

Mess	aging	Alexis LANGOSH
Ому	patients 🛛 Unread messages	
AL	Nexis LANGOSH	
MÔ	Micheal ÔORDAN	
RC	Ryan COCHRANE -	
RS	Rosario SPINKA Bonjour, je vais bien merc	
RG	Roger GERBI	
но	Helga O'KEEFE 3	
a	Coralie LEVY	
sv	Sachat VERRET	
	Elizabeth HANE	
MQ	Marie QUIGNA 🕘	
C	Emeline CHAUVRE (2)	
MD	Marion DELAVALE 0	
GE	Gregg EICHMANN	
DK	Dillan KSHLERIN	Wite a message
	Virginia WOLF	

To change the conversation, click on the name of the desired patient. A blue bar will appear on the side, indicating that you are in the conversation.

You can also search for a patient by clicking on the search bar at the top left of your message box.

When the patient's name appears in bold, it means that you have an unread message. When you click on it, the patient's name no longer appears in bold.

Note: Conversations are sorted from the most recent message to the oldest.

You can click on the patient's name at the top of the message board to access their patient record.

When one of your patients sends you a message, a red dot in the "Messaging" menu appears. This counter lists the number of unread conversations.





PREDIGRAFT
I Alerts 137
\star My patients
<table-of-contents> Patients</table-of-contents>
≢ iBox evaluations
Biology Analyses
Analyses - My patients
🔍 Messaging

Thus, when you read an initially unread message, the red dot goes down one point.

**Warning** : If a patient sends you 5 messages, the red dot only takes into account the unread conversation and not the number of unread messages.

When a patient sends you his blood pressure or a weight, this is not considered as a message. The red dot only takes into account the sending of messages and documents.

#### 8.2.4. Alerts

Details of the alerts are available in chapter 16 "Alerts" of this document.

Surveillance / F	+ New iBox Evaluation			
Date	Input data	Зу	5y	7у
September 16, 2021	5	83 %	74 %	64 %
September 15, 2021		98 %	97 %	95 %
September 14, 2021		71 %	58 %	44 %
August 16, 2021	<b>U</b>	81 %	72 %	61 %
	1 2	3		

8.2.5. Monitoring/Risk Assessment

By clicking on "New iBox Assessment", you can create an iBox assessment.

The Monitoring/Risk Assessment item lists the patient's iBox assessments. You can click on one of the rows in the list to go to the corresponding iBox assessment.

The date corresponds to the date entered in the first "eGFR" step when the assessment was created.

The data correspond to :

Biological data. This icon is always present. It corresponds to the report creation steps:



-

-



1 and 2 eGFR and proteinuria.

Graft-specific anti-HLA antibody (DSA) data. This icon is present if you entered data in step 3 - DSA when creating the report.

Histology data. This icon is present if you filled in data in step 4 Histology when creating the report.





### 8.2.6. GFR estimated

You can view the Estimated Glomerular Filtration Flow Rate (eGFR) value calculated using the MDRD formula. This value comes from the patient's Predigraft reports, step "eGFR".



You can hover your mouse cursor over the points on the graph to see more detailed information.

### 8.2.7. Blood pressure

You can view the patient's systolic and diastolic pressures over time. The dotted red lines are indicative of the recommended minimum and maximum systolic pressure values. You can hover your mouse cursor over the points on the graph to see more detailed information.







Click the "Add" button to enter systolic and diastolic pressure values for a given date.

By clicking on "Add", you can also delete a blood pressure via the cross on the right.

Systolic / Diastolic	1	mmHg
Date	Y-m-d	
listory		
150 / 80	Sep 16, 2021	6
130 / 80	Sep 15, 2021	
120 / 90	Sep 14, 2021	0
144 / 90	Jul 28, 2021	
150 / 90	Jul 7, 2021	>
160 / 80	Jun 30, 2021	>
120 / 80	Jun 10, 2021	-
200 / 120	Jun 10, 2021	

You must indicate the reason for the deletion: Patient Error or Doctor Error, and then confirm the deletion. By default, the reason is "Patient Error."

Systolic / Diastolic	1	mmHg
Date	Y-m-d	
History		
150 / 80	Sep 16, 2021	)
Why do you want to delete	e the value ? Patient e	rror 🗸
Cancel	Confirm deletion	
130 / 80	Sep 15, 2021	,
120 / 90	Sep 14, 2021	>
144 / 90	Jul 28, 2021	>
150 / 90	Jul 7, 2021	>
160 / 80	Jun 30, 2021	>
120 / 80	Jun 10, 2021	>
200 / 120	lun 10, 2021	>





## 8.2.8. Weight

You can view the patient's weight over time. Hover your mouse cursor over the points on the graph to see more detailed data.



Click on the "Add" button to enter a weight value for a given date.

By clicking on "Add", you can also delete a weight via the cross on the right.

Weight	kg	
Date	Y-m-d	
History		
150.00 kg	Sep 16, 2021	×
150.00 kg	Sep 16, 2021	×
146.00 kg	Jul 28, 2021	×
140.00 kg	Jul 7, 2021	×
80.00 kg	Jun 10, 2021	×
120.00 kg	Jun 10, 2021	×

You must indicate the reason for the deletion: Patient error or Doctor error, then confirm the deletion. By default, the reason is "Patient error"."





#### Add weight to patient record

Weight	kg	
Date	Y-m-d	
History		
150.00 kg	Sep 16, 2021	×
150.00 kg	Sep 16, 2021	×
Why do you want to delete	the value ? Patient error	~
Cancel	Confirm deletion	
146.00 kg	Jul 28, 2021	×
140.00 kg	Jul 7, 2021	×
80.00 kg	Jun 10, 2021	×
120.00 kg	Jun 10, 2021	×
	Cancel	Save





### 8.2.9. Immunosuppressive drugs

You can view the concentrations of immunosuppressive drugs ( $C_0$  Tacrolimus,  $C_0$  Ciclosporin,  $C_2$  Ciclosporin,  $C_0$  Everolimus,  $C_0$  Sirolimus). The dotted red lines indicate the recommended minimum and maximum values for  $C_0$  Tacrolimus.

- Patient values corresponding to C<sub>0</sub> Tacrolimus, C<sub>0</sub> Everolimus, C<sub>0</sub> Sirolimus are indicated on the left y axis.
- If the patient has values corresponding to C<sub>0</sub> Cyclosporin, C<sub>2</sub> Cyclosporin, an additional y axis will appear on the right.

You can hover your mouse cursor over the points on the graph to see more detailed data.

The values come from the biological table, you can add more by importing a biological analysis report and validating the data extracted from this report (see chapter 8.2.12 "Biological table").

Example of a patient with  $T_0$  Tacrolimus values:







### 8.2.10. Mini biological table

From the patient record you can view a mini biological table with seven important data collected from biological analysis reports you have imported:

- Potassium (mmol/L),
- Creatinine (mol/L),
- Hemoglobin (g/dL),
- Polynuclear neutrophils (10^9/L),
- Creatinine protein ratio (g/g),
- Leukocytes (/mm^3),
- Platelets (/mm^3).

#### 8.2.11. Biological table

By clicking on "More" in the mini biological table, you can view all the data collected from biological analysis reports. The entire biological table is composed of different data:

- The date,
- The value filled in with the preview of the biological analysis report next to it,
- The unit of the biological data.

remaie, 20 years old born of	n jui 24, 1999, nuns	sunce on junc 2, 2	10 (3 years ago)					* DUCK
Biology							+ New I	Box Evaluation
Blood Urine								
Day after transplant	2018-02-03	2018-02-03	2020-03-20	2020-03-20	2020-04-08	2020-05-02	2020-05-20	2020-08-02
Time after transplant	1 year, 8 months	1 year, 8 months	3 years, 9 months	3 years, 9 months	3 years, 10 months	3 years, 11 months	3 years, 11 months	4 years, 2 mont
Associated analysis	•	0			0	•	•	o
Glycated hemoglobin (%)								
Glucose (mmol/L)					4.92	6.32	4,55	5.09
Sodium (mmol/L)					136.00	141.00	139.00	141.00
Potassium (mmol/L)					4.28	3.90	4.30	4.80
Total CO2 (mmol/L)					21.40	20.00	25.00	
Protein (g/L)					77.10	71.00	61.00	
Urea (mmol/L)								
Creatinine (µmol/L)						161.80		
eGFR (mL/min/1.73m2)			80.00		105.00	37.00	110.00	86.00
Calcium (mmol/L)					2.23	2.50	2.30	
Phosporus (mmol/L)					0.83	0.71	1.22	
Magnesium (mmol/L)								
Uric acid (µmol/L)								
Total bilirubin (µmol/L)						9.06	9.57	
Conjugated bilirubin (µmol/L)							1.71	
ALAT (UI/L)					10.00	15.00	13.00	18.00
ASAT (UI/L)					16.00	15.00	17.00	32.00
Alkaline phosphatase (UI/L)					124.00	86.00	31.00	
Gamma GT (UI/L)					16.30	18.00	17.00	15.00

Warning: The data "Creatinine" and "Hemoglobin" are important, so they are shown in red on the screen.

In addition, not all the data (blood and urine) from a biological analysis report are present in this biological table. Here are the data that do not appear in the biological table:

- Chloride,

- Amylase,



- Total cholesterol,
- HDL-cholesterol,
- Dihydroxyvitamin D,
- Prothrombin time,
- APTT (activated partial thromboplastin time),
- Ab antibodies,
- Red blood cells,
- HIV,
- HBV,
- HCV,
- Ciclosporin TO,
- Ciclosporin T2,
- Tacrolimus T0,
- Sirolimus T0,
- Everolimus TO,
- PSA (Prostate Specific Antigen),
- Urea.

If you wish to consult only the hematological data, uncheck the box "Urine".

Tableau biologique			+ Maxwelle Evaluation (Box
Earg Dirte			
Dia .	19HBAGAN	82(Ch3C1)	HH2/3071
minorginium glypuie pu			
siace pandas	02.09		5.00
300UP-PM8RJ	101.00		140.00
Pode daw (mind/)	2.39		430
CEI Icurawino/ID	49.44		
Fishine (gL)			
Units (even sk/U)			
Collectation (press/V)			

If you want to see only urine-related data, uncheck the "Blood" box.

Tableou biologique			+ Heavenine Frankreiten Han
Diong Crime			
Sales	78/06/3020	SCHOOLSC'	(BrCL3CT)
Trabanne antonine 8,00%			
Wodine der unweiseführte			
Rate prodine cestime g/p		1200	
Other media united than 040			
Sedime des crites brendits			
Polace of reacting environments			
Hereices des sones describ			
Lauscopter der umwestmindt			
McMadopa			

If you want to display the evolution of a specific data in a graphical form, click on the line corresponding to the data. The graph is then displayed at the top of the biological table.

apiean projeĝidne			+ Necesia Lostantico III
Nume del Mussel			
late .	10/00/0008	10/80/001	08/50 0821
	Fam. Witten	Tana Tana	Tank Citati
hangs optimise program (h)			
lenge opris is angebonden. Hengelehren gjegoler (N) Succes (Hengel),	2.4		1.0
kongo og til til an og kontanten Henoglishner gjegater (%) Sactare (mend E) Indiaet (mend E)	22.00		1.09
Nongo upitis transportation Mining (diputer (N) Sectore (Mining) () Macatan (Mining) () Macatan (Mining) ()	11.00 10.00 100		529 141.00 440
Nega pojek talopisekos Skringhister girgane (%) Balanas primatika Sedane investika Pelantare (mettika Salana (mettika)	21-86 1-37-30 2-26 46-46		1.09 141.00 4.00
Seepa gelotik kangkenteen stemgelotike glog de 30 Second (Hendl) Second (Hendl) Second (Hendl) Did teat (Hendl) Did teat (Hendl) Did teat (Hendl)	22.08 1.07.09 1.08 46.08		108 141.00 4.00
Nanja april z kontraktion Mengelsken (gelek ISE Basen (medd) Basen (medd) Sakan (med) Sakan (med) Sakan (med) Sakan (med) Nation (gi)	22.00 101.00 22.00 40.04		NA NA NA
Nanga ang kanakanana Nanga kang kang kang Ka Banara (mark) Salahan (mark) Salahan (mark) Salahan (mark) Salahan (mark) Salahan (mark)	22.44 121.10 23.86 40.44		509 941,00 640

To remove the graph display, you can click on the cross to the right of the graph.

Note: The documents sent by your patient appear in the biological table on the line "associated analysis". If a 32







document is modified, the document in the biological table is also modified. If a document is deleted, the document in the biological table is also deleted.

Simply press the

0

icon to access the associated analysis.

Biology							+ New	Box Evaluatio
Blood Urine								
Day after transplant	2018-02-03	2018-02-03	2020-03-20	2020-03-20	2020-04-08	2020-05-02	2020-05-20	2020-08-02
Time after transplant	1 year, 8 months	1 year, 8 months	3 years, 9 months	3 years, 9 months	3 years, 10 months	3 years, 11 months	3 years, 11 months	4 years, 2 m
Associated analysis	•	0			0	•	•	0
Glycated hemoglobin (%)								
Glucose (mmol/L)					4.92	6.32	4,55	5.09
Sodium (mmol/L)					136.00	141.00	139.00	141.00
Potassium (mmol/L)					4.28	3.90	4.30	4.80
Total CO2 (mmol/L)					21.40	20.00	25.00	
Protein (g/L)					77.10	71.00	61.00	
Urea (mmol/L)								
Creatinine (µmol/L)						161.80		
eGFR (mL/min/1.73m2)			80.00		105.00	37.00	110.00	86.00
Calcium (mmol/L)					2.23	2.50	2.30	
Phosporus (mmol/L)					0.83	0.71	1.22	
Magnesium (mmol/L)								
Uric acid (µmol/L)								
Total bilirubin (µmol/L)						9.06	9.57	
Conjugated bilirubin (µmol/L)							1.71	
ALAT (UI/L)					10.00	15.00	13.00	18.00
ASAT (UI/L)					16.00	15.00	17.00	32.00
Alkaline phosphatase (UI/L)					124.00	86.00	31.00	
Gamma GT (UI/L)					16.30	18.00	17.00	15.00

### 8.2.12. Medical notes

You can add medical notes in the patient record with a maximum of 1500 characters.

When you add a medical note, it is saved and displayed in the medical note history below. Each saved note appears with the date it was saved and the name of the person who wrote the note.

Each healthcare professional can access the note history for each patient on the same team.

Medical notes	Prescriptions	Medical reports
Save		
Save		
Note from Sep 14, 2021 - Written	by Dr. Prof. Lorena Jast	
Note from Sep 14, 2021 - Written e confirme	by Dr. Prof. Lorena Jast	
Note from Sep 14, 2021 - Written le confirme Note from Sep 14, 2021 - Written	by Dr. Prof. Lorena Jast by Dr. Mr Joesph Feeney 12	

**Please note:** Medical notes cannot be shared and remain confidential. Health professionals can only view them on the patient's file.

8.2.13 Prescriptions





You can add prescriptions in the patient record by clicking on "Import a document" in the banner of the patient record, you are then redirected to a new page where you can choose your prescription to import. Select the type of document by checking "Prescription".

You have the possibility to share this file with your patient, to do so check the box "Send to patient". Then click on "Import".

Upload a new document - Roger R GERBI (045)		← Back
_		
<b>+</b>		
Choose a file in my library		
Document type		
Prescription		
O Medical report		
O Biology analysis		
O DSA		
O Biopsy		
O Other document		
Send to patient Uplo	bad	

Note: You can import documents in PDF, jpeg, jpg and png format.

**Warning:** PDF documents protected by passwords cannot be imported. An error message will be displayed "Cannot read PDF, check that it is not protected by a password".

PDF documents must not exceed 20 MB.

The selected document is displayed on the right.

Upon import, you are redirected to the patient record.

In the list of imported prescriptions, the most recently imported report is at the top of the list. The list contains the following information:

- Date the document was imported,
- Name of the document.

Medical notes	Prescriptions	Medical rep	orts
Bio5.pdf Jul 27, 2021			
Bio2.pdf		<b>↓</b> Download	
Jul 6, 2021		Send to patient	
POF Jul 6, 2021		Move	

You can download a prescription or send it to your patient by clicking on the three little dots and selecting "Download" or "Send to patient".

Warning: The "Send to patient" option does not appear if the patient does not have an account, or if the document was imported by your patient. You have the possibility to send only the documents you have





You can also move a prescription by clicking on the three dots and selecting "Move". By choosing this option, you can then choose a new category:

- Medical report,
- Biological analysis,
- DSA,
- Biopsy,
- Other documents.

#### 8.2.14 Medical reports

You can add reports in the patient record by clicking on "Import a document" in the banner of the patient record, you are then redirected to a new page where you can choose your report to import. Select the type of document by checking "Report".

You have the possibility to share this file with your patient, to do so check the box "Send to patient". Then click on "Import".

Upload a new document - Coralie LEVY (3847)	← Back
Choose a file in my library	
Document type	
O Prescription	
Medical report	
O Biology analysis	
O DSA	
O Biopsy	
O Other document	
Send to patient	

Note: You can import documents in PDF, jpeg, jpg and png format.

**Warning**: PDF documents protected by passwords cannot be imported. An error message will be displayed "Cannot read PDF, check that it is not protected by a password".

PDF documents must not exceed 20 MB.

The selected document is displayed on the right.

Upon import, you are redirected to the patient record.

In the list of imported prescriptions, the most recently imported report is at the top of the list. The list contains the following information:

- Date the document was imported,
  - Name of the document.





Medical notes	Prescriptions	Medical rep	orts
Jul 27, 2021			
Bio1.pdf Jul 6, 2021		Download Send to patient	
Compte-rendu.pdf Jun 29, 2021		Move	
PDF Jun 29, 2021			

You can download a report or send it to your patient by clicking on the three small dots and selecting "Download" or "Send to patient".

Please note: The "Send to Patient" option does not appear if the patient does not have an account, or if the document was imported by your patient. You have the option to send only the documents you have imported.

You can also move an order by clicking on the three small dots and selecting "Move". By choosing this option, you can then choose a new category:

- Prescription,
- Biological analysis,
- DSA,
- Biopsy,
- Other documents.

Note: You can view the report by clicking on the line of the document you wish to view. The document will then open in another tab.

### 8.2.15 Biological analysis

You can view the list of biological analysis reports saved in the patient record.

	<b>Biology Analyses</b>	Biopsy	DSA
Title	1	Confirmed by	
ľ	<b>Bio4.pdf</b> 2021-09-17	To confirm	
J	Bio6_page-0002.pdf 2021-09-17	Prof. Lorena Jast	•••
J	Bio6_page-0006.pdf 2021-09-17	To confirm	•••

The date is the date the report was saved in the patient record. The title is the title of the report when it was saved. You can see if the document has been confirmed or not:

- In case of non-confirmation, a "To be confirmed" message appears in the "Confirmed by" column,
- In case of confirmation, the name of the person who confirmed the report appears.




You can delete a biological analysis, provided it has not yet been validated. To do so, click on the three small dots and select "Delete".

You can also download or move the biological analysis by clicking on the three dots and selecting "Download" or "Move". By choosing the option to move a document, you can choose a new category among :

- Prescription,
- Medical report,
- DSA,
- Biopsy,
- Other documents.

You can send a biological analysis to your patient by clicking on the three small dots and selecting "Send to patient".

**Please note**: The "Send to patient" option does not appear if the patient does not have an account, or if the document was imported by your patient. You can only send documents that you have imported.

<b>Biology Analyses</b>	Biopsy	DSA
itle Bio6_page-0002.pdf 2021-09-17	Confirmed by Prof. Lorena Jast	
Bio6_page-0006.pdf	To confirm	
Analyse.pdf 2021-09-17	To cc	oad o patient
<b>bio-anniv-online.pdf</b> 2021-09-17	Prof. Lo	
• 2021-09-17	Delete	

You can add biological analysis reports by clicking on "Import a document" in the banner of the patient record, you are then redirected to a new page where you can choose your biological analysis document to import. Select the type of document by checking "Biological analysis".

You have the possibility to share this file with your patient, to do so check the box "Send to patient". Then click on "Import".

		<b>+</b>		
	Choose	e a file in my lib	rary	
Document typ	e			
O Prescriptio	n			
O Medical re	port			
Biology an	alysis			
DSA				
Biopsy				
Other dear	mont			





Note: You can import documents in PDF, jpeg, jpg and png format.

**Warning**: PDF documents protected by passwords cannot be imported. An error message will be displayed "Cannot read PDF, check that it is not password protected".

PDF documents must not exceed 20 MB.

The selected document is displayed on the right.

Piot	adf V	① Q 1 of 3	- + Aut	tomatic Zoom 🗸	
Or import a	nother document	L		IS NTE ET DE-FRANCE	
Document type		LABO	PRATOIRE DE BIOLOGIE Thess et 75 0044 4/ Fintes et 92 00 74 Avenue Pierre Larou 92240 Malakoff Biologistes 1 MECHAIN	MEDICALE 2 MOS USSE	
O Prescription		Secréta	ariat : 🖀 01 41 17 43 52 🛔 0	1 55 58 19 93	
O Madiaal separt		INSTITUT ALFRED FOURNIER	Mon	sieur DUPONT JEAN	
Medical report		Njf : DUPONT Date de naissance : 01/03/1979	14 av	enue Kléber	
Biology analysis		Rendu le :	7501	0 FAND	
DSA			Deman Problem	ide n° 07/11/20-4-0008 enregistrée a ament du 07/11/20 à 08H01	07H52
O DOM			Le 7	novembre 2020 à 15:44	
O planet			0.000		
O Biopsy					
<ul> <li>Biopsy</li> <li>Other document</li> </ul>		Hématologie			
<ul> <li>Biopsy</li> <li>Other document</li> </ul>		Hématologie		Valeurs de Aldource	Antériorités
<ul> <li>Biopsy</li> <li>Other document</li> </ul>		Hématologie	sastraakdoniiris 1981. Suosuotoniiris s	Values de Alférence	Amériontés
○ Biopsy ○ Other document □ Send to patient	Uplo	Hémogramme bana 45000 / Nazy ar nalawa (06. 11/44, 1	spectrophotométrie (HB), fluorscytamétrie e	Valuurs de nôtimerce In Flue (OB, formule, RET, DA)	Antónsritós
<ul> <li>Biopsy</li> <li>Other document</li> <li>Send to patient</li> </ul>	Uplo	Hématologie Hémogramme teans atom: Name ar myliane (56, 117,14), e Numération globulaire:	spectraphetomotive (140), Nazvacytamotive e	Valuurs de ablance n tha (Cd, formale, RET, EA)	Arténorités
○ Biopsy ○ Other document □ Send to patient	Uplo	Hématologie Hémogramme bases obtain many un makines (DL HT ALL e Aumération globulaire: Leucocytes	4,66 cs/	Values de allessece n fue (GB, formale, RET, DA) 4 0 # 15 0	Artérisrités
<ul> <li>Biopsy</li> <li>Other document</li> <li>Send to patient</li> </ul>	Uplo	Hématologie           Hémogramme           Intervent detter intervent and replaced (M. HT, M.), M.           Numération globulaire:           Lacocrites           Hémoglobine           Hémoglobine	spectrapholonative (HE), Thurseylanditre (HE	Values de Alémero n flue (08, forman, RET, EA) 4.0 a 10,0 4.3 a 4.0 1.204 a 7.5	Antóissritós
○ Biopsy ○ Other document □ Send to patient	Uplo	Hémotologie Hémogramme bases dotter "Margine presidence (DL #7.40, w Numérations globulaire" Leucocytes Hémoglobione	4,66 g/r 4,80 t/r 13,5 g/d	Yuanura de Alféreree e fuiz (Gá, formula, 657, 5A) 4.0 a 10.0 4.0 a 10.0 1. 32.0 a 77.5 30 a 4.45.0	Artérisrités
<ul> <li>Biopsy</li> <li>Other document</li> <li>Send to patient</li> </ul>	Uplo	Hématologie           Hémogramme Issens dotto: Researe en replease (IK, HT, KL), M Numération globulaire: Lacocycles	4,66 G/ 4,80 T/ 4,80 T/ 4,13,5 g/ 41,0 % 85 h	Values de Vélence n Rue (08, ternate, 427, 04) 4, 8 4 500 4, 2 4 40 10, 2 4 7, 5 10, 6 4 49, 10, 4 49	Antérisrités
○ Biopsy ○ Other document □ Send to patient	Uplo	Hématologie w Hémogramme bases skiller Maray armalanas (dl. HCAL), + Numération globulaire: Leucocytes Hématies ne Hématorite V.G.M. T.C.C.H.	4,66 g/m 4,66 g/m 13,5 g/m 4,80 t/m 13,5 g/m 85 n 25,1 pg 25,1 pg	Valuer de Hilfsterer n faz (18), formale, 441, (14) 4,8,4,900 4,2,4,460 1,2,6,4,7,5 1,36,6,440 1,8,4,49 2,0,5,4,20 2,0,5,4,20	Antérisrités
○ Biopsy ○ Other document □ Send to patient	Uplo	Hématologie           Hémogramme Issues dötti: Risera ser replanas (IS, HT, PL), w Numération globulaire: Leucochtes Hémoglobine Hémoglobine NG, Borte           VG, Borte	4,66 gr 4,86 gr 4,80 r 13,5 gr 41,0 % 85 r 22,7 %	Values de Alfrenze e da 200 4 de 210 10 de 21 de 10 de 10 de 21 de 10 de	Antérisröés
⊃ Biopsy ⊃ Other document ⊇ Send to patient	Upto	Hématologie  Hémogramme bank offen in war jar verdenne (dr. 167.4), v  Winderston globulairet: Laucooften Hemoglobine Hemoglob	4,66 g/ 4,66 g/ 14,00 t/ 14,00 t/ 14,00 t/ 85 n 28,100 22,9 % 12,6 %	Values di Alfrenez e fue (di, forma, 427, ta) 4 di a 10.0 4 di a 10.0 4 di a 10.0 4 di a 10.0 4 di a 10.0 5 di 10.0 5 di 10.0	Antérisrités
<ul> <li>Biopsy</li> <li>Other document</li> <li>Send to patient</li> </ul>	Uplo	Hématologie <ul></ul>	4,66 gn 4,80 m 13,5 ge 4,80 m 4,80 m 4,85 m 4,85 m 22,9 m 32,9 m 12,6 m 32,9 m 12,6 m 32,9 m 12,6 m	Values di Alfonnes e fue (di , tomato, edi ; di ) e fue (di , tomato, edi ; di ) e fue (di ) e fue di ) e fue di ) di ) di a di ) di di di ) di di di di ) di di d	Antérisrités
○ Biopsy ○ Other document □ Send to patient	Upto	Hématologie           Hémogramme           Numération gabulaire:           Numération gabulaire:           Laucocher           Hémoglobine	4,66 ga 4,66 ga 4,80 tr 13,5 ga 8,4 s 12,9 s 12,9 s 12,6 s 12,9 s 12,6 s 1,79 a 1,4 s 1,79 a 1,5 s 1,79 a 1,5 s 1,79 a 1,5 s 1,79 a 1,5 s 1,79 a 1,5 s 1,5 s	Values di villaria e di a (di di d	Antérisrités
<ul> <li>Biopsy</li> <li>Other document</li> <li>Send to patient</li> </ul>	Uplo	Hématologie <ul></ul>	4,66 gr 4,80 r 4,80 r 4,80 r 4,80 r 4,85 r 4,85 r 22,9 r 32,9 r 3	Values de Alfonnes e Ga (10, homain, 617, 51) 4 6 a 10 0 4 3 a 60 1 53 5 3 75 1 53 5 75 1 55	Artérisrités

Then click on "Upload" and you will be redirected to a new data validation page.

The data from the biological analysis is analyzed by Predigraft, extracted and grouped into several parts:

- The analysis date,
- A "Blood" part,
- A "Urine" part.

By default, only the data that have been extracted from the biological report are displayed. To add data in the empty fields, click on "Empty data".





	Nom du médicament Posologie journalière Date et heure de la dernière prise	Advagraf° 4mg par jour nc nc		BI	o4.pdf				
	Date et heure de prélèvement TACROLIMUS	05.06.2020 nc 4,8 <sub>ро</sub> т.	9,2 Le 12,03,2019 6,8 Le 04.06,20	Re	esult of data extraction				
	Interprétation Concentrations résiduation de Tacrolium Dans les 6 semaines suivant la transplar Après cette période : 5 à 15 µg/L,	nus : ntation : 8 λ 20 μg/L.		Ple	ase confirm the following data.				
	E	XAMEN D'URINE: Intervalle de s	S Rivence Antócédents	Filt	ers	Entered data		Empty o	data
	ANALYSES EFFECTUEES SUR ECHAN	NTILLON		An	alysis date		Y-m-d		
	Les dosages urinaires sur échantillens sont à interprét	iter en fonction des résultats sanguins et du context	te clinique et thérapoutique.						
Eu	umena ci-dessona réalisés le 05.06.2020 -, validés le 05.0	.06.2020							
	CREATININURIE Technology, standardinis (DMS - Ecolor (DB)	920 mg/L soit 8,14 mmail.	859 Le 30.01.2020 726 Le 12.03.2		Blood				
	SODIUM URINAIRE III. indired - Reder (08)	126 mmslt.	73 Le 12.03.2019 62 Le 94.06.20						
	POTASSIUM URINAIRE Bill Indirect - Rocke (58)	25 molt.	14 23		Glucose	1,14		g/L	`
	CHLORE URINAIRE 181 indicat - Booke (58)	116 mod.	56 75 Le 09:06.20		Sodium	141,00		mmol/L	
	PROTEINURIE Turisdiante:- Reche (08) Dépistage Dosage	Positif • 0,18 gl. Int.10,	Négatif Le 30.01.2020 Négatif Le 12.0	u -	Potassium	3,90		mmol/L	
			1.		Chloride	105,00		mmol/L	,
			Prask MENTZ Biologiste Page 4/6		Total CO2	20,00		mmol/L	
		D. MILLINDOLLA	Mr DUPONT JEAN		Protein	71,00		g	J/L
		Dr J. OLIEL	MEDIBIO 5 Bd du Chinchen 45209 MONTARGES Tél 02,38,35,37,38 Fax 02,18,47,19		Creatinine	18,30		mg/L	,
	Compte-rendu d'exa	amens biologiques de:			eGFR	37,00	mL/r	min/1.73m	n2
	Mr DUPONT JEAN		Né(e) le 01.03.1979		Calcium	100,00		mg/L	
					Phosporus	22,00		mg/L	
					Total bilirubin	5,30		mg/L	,
					ALAT	15,00		UI,	I/L
					ASAT	15,00		UI	I/L
									. /.
					Alkaline phosphatase	86,00		UI.	i/L

You can view all the data of the biological analysis that has been extracted on the right side of the biological analysis report. In case of errors, you can modify the fields (value and unit if available) of the test date, blood data and urine data.

If a data can be recorded in several units, the Predigraft reference unit is the first unit in the list.

You can click on "Save" to save all the data of the biological analysis. In case of inconsistent values during saving, an error message appears. For example:

Urine			
Urine sodium	12849	¢	mmol/L 🗸
Urine potassiur 📒 Cette	valeur doit être int	férieure o	u égale à 1000.
Uring red blood calls	0000.00		/ml

If the values are recorded successfully, you are redirected to a biological table (see Chapter 8.2.12. "Biological Table").

When you choose a unit different from the reference unit when extracting the biological data, Predigraft records the data in two ways:

- The value as well as the unit you chose,
- The value converted into the reference unit: this value will be displayed in the biological table (for more information on the reference units of the biological table see Appendix 3 of this document).

**Warning**: The data entered in the biological table may differ from the values entered during the extraction due to the choice of the unit.





To modify the values of the extraction of the biological analysis report after recording, from the patient file, click on the corresponding biological analysis report in the list "Biological Analyses". The analysis report opens and you can modify the values.

### 8.2.16 Biopsy

You can view the list of biopsy reports imported by members of your department.

You can add biopsy reports by clicking on "Import a document" in the patient record banner, you are then redirected to a new page where you can choose your biopsy to import. Select the type of document by checking "Biopsy".

You have the possibility to share this file with your patient, to do so check the box "Send to patient". Then click on "Import".



Note: You can import documents in PDF, jpeg, jpg and png format.

**Warning**: PDF documents protected by passwords cannot be imported. An error message will be displayed "Cannot read PDF, check that it is not password protected".

PDF documents must not exceed 20 MB.

The selected document is displayed on the right.

Upon import, you are redirected to the patient record.

In the list of imported biopsy reports, the most recently imported report is at the top of the list. The list contains the following information:

- Date of the document import,
- Type: histological analysis,
- Name of the document.

You can download a biopsy by clicking on the three small dots and selecting "Download". You can also move a biopsy by clicking on the three small dots and selecting "Move". By choosing this option, you can then choose a new category from:

- Prescription,
- Medical report,
- Biological analysis,
- DSA,
- Other documents.





You can send a biopsy to your patient by clicking on the three small dots and selecting "Send to patient".

**Please note**: The "Send to Patient" option does not appear if the patient does not have an account, or if the document was imported by your patient. You can only send documents that you have imported.

**Note**: You can view the biopsy by clicking on the line of the document you wish to view. The document will then open in another tab.

<b>Biology Analyses</b>	Biopsy	DSA
tle		
<b>Bio2.pdf</b> Sep 20, 2021		
LAB_REPORT_16_MB.pdf	<b>↓</b> Download	
Sep 20, 2021	Send to patient	
Last biopsy: Sep 12, 2021	P Move	

### 8.2.17 DSA

You can view the list of DSA reports saved in the patient record.

<b>Biology Analyses</b>	Biopsy	DSA
Title		
AnalyseBio.pdf Jul 27, 2021		
Bio3.pdf		

The date is the date the DSA report was saved in the patient record.

The title is the title of the DSA report when it is saved.

You can add DSA reports by clicking on "Import a document" in the patient record banner, you are then redirected to a new page where you can choose your document to import. Select the type of document by checking "DSA".

You have the possibility to share this file with your patient, to do so check the box "Send to patient".





Upload a new document - Coralie LEVY (3847)

	•	
	Choose a file in my library	
Document type		
O Prescription		
O Medical report		
O Biology analysis		
DSA		
O Biopsy		
O Other document		
Send to patient		Upload

Note: You can import documents in PDF, jpeg, jpg and png format.

**Warning**: PDF documents protected by passwords cannot be imported. An error message will be displayed "Cannot read PDF, check that it is not password protected".

PDF documents must not exceed 20 MB.

The selected document is displayed on the right.

		5	Q 4 of 6	_	+ Au	utomatic Zoom	•	
Bio4.pdf ×			Contantine and Added Albert (JP) Nom du médicament Postologie journalibre Data et buren de la derritère mére	Advag 4mg p	ul' r jour			
Or import another documer	nt		Date et heure de prélèvement	05.06.2	020 mc			
ocument type			TACROLIMUS Interprétation Croccentrations robiduelles de T Dans les 6 seminers suivant les Acrès cette période : 5 à 15 au	4,8 herolimus : merophertation : 8 h 20 <i>j</i>	յցե բե	9,2 Le I.	2.03.2019 6.8 L	# 04.06.2018
) Prescription				EXAME	N D'UR	INES		
Medical report			ANAL VOID DEELCHTIERS OF B	CHANTELON	In	tervalle de référence	Antécédents	
) Biology analysis			Les desares urinaires sur échantillens sont à	interrefler en fonction d	e ristatato sanarairo e	ei du contexte clinique et fhérares	time.	
DSA			Examens ci-dessous réalisés le 05.06.2020 , valida	n le 05.06.2020	-			
) Biopsy ) Other document			CREATININURIE Tob org. steelastick EMS - Rode (OR)	920 2011 8,14	ngt. nmét.	859 Le3	10.01.2629 726 1	Le 12.03.201
			SODIUM URINAIRE 15E indirect - Boche (09)	126	nneët.	73 Le D	1.03.2079 62 Li	104.06.2018
] Send to patient	bpolqU		POTASSIUM URINAIRE ISI indirect - Roche (58)	25	nneil.	14	23	
			CHLORE URINAIRE 381 infent - Roder (59)	116	nneit.	56	75 L	e 09.06.2017
			PROTEINURIE Tutalisata: Andre 200 Dépistage Dosage	Positif • 0,18	pl.	Népetýř i Inf. k 0,15 – Ø <sup>(12</sup>	Le 30.01.2020 Néget 0,10	ý Le 12.63.

Then click on "Import", you are redirected to the patient record, you can then view the DSA report.

You can download a DSA report by clicking on the three small dots and selecting "Download". You can also move a DSA report by clicking on the three dots and selecting "Move". By choosing this option, you can then choose a new category from:

- Prescriptions,
- Medical report,
- Biological analysis,
- Biopsy,
- Other documents.

You can send a DSA report to your patient by clicking on the three small dots and selecting "Send to Patient". 42





Please note: The "Send to Patient" option does not appear if the patient does not have an account, or if the document was imported by your patient. You can only send documents that you have imported.

<b>Biology Analyses</b>	Biopsy	DSA
litle		
Bio2.pdf Sep 20, 2021		
Rapport DSA.pdf	Download	
Sep 20, 2021	Send to patient	
	Move	

**Note**: You can view the DSA report by clicking on the row of the document you wish to view. The document will then open in another tab.

### 8.2.18 Other documents

You can add other documents by clicking on "Import a document" in the banner of the patient record, you are then redirected to a new page where you can choose your document to import. Select the type of document by checking "Other document".

You have the possibility to share this file with your patient, to do so check the box "Send to patient".

		Q	4 of 6	_	+	Automatic Zoor	m 🗸	
Bio4.pdf ×			Chatlaninescence Archites Althus (107) Nom du médicament	Advag	raf"			
Only and the state of the state			Date et heure de la dernière pris	e nc i	ar jour ic			
Or import another docum	lent		Date et heure de prélèvement	05.06.	1020 nc			
ument type			TACROLIMUS Interprétation Concentrations résiduelles de Dans les 6 semaines suivant la	4,8 Factolimus : transplantation : 8 à 20 /	pgL		9,2 Le 12.03.2019	6.8 Le 04.06.2018
Prescription			Après cette période : 5 à 15 µg	L	NDI	UBINEC		
Aedical report				EXAMP	ND	Intervalle de référence	Amöceder	64
Biology analysis			ANALYSES EFFECTUEES SUR I	CHANTILLON				
DSA			Les dosages urinaires sur échantillons sont à	interpréter en fonction (	les résultats sa	nguins et du contexte clinique et	thérapoutique.	
Biopsy		Exam	ena ci-dessono réalisés le 05.06.2020 , valid CDE a TININI IDIE	65 le 05.06.2020 970	-		HD 1- 2001 2020	776 1 - 12 02 201
Other document			Tech etcy. standardistic EMS - Roche (OR)	soit 8,14	mpil.		159 12 30.01.2020	726 Le 12.03.20)
			SODIUM URINAIRE ISE indexet - Roche (OR)	126	mmolfL		73 Le 12.03.2019	62 Le 04.06.2018
Send to patient	Upload		POTASSIUM URINAIRE DE indirect - Redie (OR)	25	mmei'l.		14	23
			CHLORE URINAIRE 108 indust - Roshe (OR)	116	mmoil.		56	75 Le 09.06.2013
			PROTEINURIE Tubidiestris - Roche (DR) Dépistage	Positif			Wzatif Le 30.01.2020	) Népalif Le 12.03.
			Dosage	• 0,18	g/L	MC & 0.15	9,12	0,10

Note: You can import documents in PDF, jpeg, jpg and png format.

**Warning:** PDF documents protected by passwords cannot be imported. An error message will be displayed "Cannot read PDF, check that it is not protected by a password".

PDF documents must not exceed 20 MB.





The selected document is displayed on the right.

You can upload a document in the "Other Documents" category by clicking on the three small dots and selecting "Upload".

You can also move a document by clicking on the three dots and selecting "Move". By choosing this option, you can then choose a new category from:

- Prescription,
- Medical report,
- Biological analysis,
- DSA,
  - Biopsy.

You can send a document to your patient by clicking on the three small dots and selecting "Send to patient".

**Please note:** The "Send to Patient" option does not appear if the patient does not have an account, or if the document was imported by your patient. You can only send documents that you have imported.

Other documents		
<b>Bio6_page-0001.pdf</b> Sep 15, 2021		•••
bio-analysis.pdf	<b>↓</b> Download	
PDF Jul 27, 2021	Send to patient	
Analyse.pdf Jul 27, 2021	Move	
LAB_REPORT_16_MB.pdf Jul 6, 2021		•••

**Note**: You can view the document by clicking on the line of the document you wish to view. The document will then open in another tab.

# 9. Biological analysis management

Click on "Bioanalysis" in the main menu on the left to view a list of the bioanalysis reports you have imported, as well as the bioanalysis reports sent by patients in the department via the Patient Application.





	Document name	Document uploaded	Confirmed by	Patient name	ID	Patient date of transplant	
	Bio6_page-0004.pdf	September 24, 2021	To confirm	Alexis G. LANGOSH	009-06-2742	Apr 8, 2014	×
0	Bio6_page-0003.pdf	September 23, 2021	Prof. Lorena Jast	Micheal ÔORDAN	9876	May 4, 2018	
0	Bio6_page-0001.pdf	September 23, 2021	Prof. Lorena Jast	Micheal ÔORDAN	9876	May 4, 2018	
0	Bio6_page-0006.pdf	September 23, 2021	Prof. Lorena Jast	Roger R GERBI	045	Apr 8, 2020	
	to_improve2.pdf	September 22, 2021	To confirm	Mary Z.ROWN	495-129-111	Apr 4, 2020	×
	AB6.pdf	September 22, 2021	To confirm	Mary Z.ROWN	495-129-111	Apr 4, 2020	×
	AB6.pdf	September 22, 2021	To confirm	Mary Z.ROWN	495-129-111	Apr 4, 2020	×
	AB6.pdf	September 22, 2021	To confirm	Mary Z.ROWN	495-129-111	Apr 4, 2020	×
	AB6.pdf	September 22, 2021	To confirm	Mary Z.ROWN	495-129-111	Apr 4, 2020	×
	Bio2.pdf	September 21, 2021	To confirm	Micheal ÔORDAN	9876	May 4, 2018	×
		ı 1 2 3	4 5 6	7 8 9 10	63 64	3	

Biological analysis reports are sorted in antechronological order: the most recently imported report appears first.

The list of documents contains the following information:

- A logo indicating whether the biological analysis data has been validated,
- The name of the biological analysis report,
- The date the biological analysis report was received,
- The person who validated the biology report data,
- The patient to whom the Biology Report belongs,
- The patient's ID,
- The patient's transplant date.

You have the possibility to delete a biological analysis from this list by clicking on the cross on the right. A confirmation window appears.



# 10. Management of biological analyses in "My Patients" list

Click on "Analysis - My Patients" in the main menu on the left to display the list of bioanalysis reports from your "My Patients" list that you have imported, as well as the bioanalysis reports sent by patients from your "My Patients" list via the patient application.





#### Biology analyses sent by My patients

Document name Document uploaded Confirmed by Patient name ID	Patient date of transplant
asemn-gwc4d,pdf September 20, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
Bio9-2.pdf September 20, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
Analyses-bio-1p-97ko.pdf September 20, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
AnalyseBio.pdf September 20, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
Résultats d_analyses biologiques - Cibiltech.pdf         September 20, 2021         To confirm         Roger R GERBI         045	Apr 8, 2020
LAB_REPORT_23_MB.pdf September 17, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
Bio6_page-0001.pdf September 17, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
Bio6_page-0005.pdf September 17, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
Blo6_page-0003.pdf September 17, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
asemn-gwc4d.pdf September 17, 2021 To confirm Roger R GERBI 045	Apr 8, 2020
< 1 2 >	

The biological analyses reports are sorted in chronological order: the most recently imported report appears first.

The document list contains the following information:

- The name of the biological analysis report,
- The date of receipt of the biological analysis report,
- The person who validated the data in the Biology Report,
- The patient to whom the Biology Report belongs,
- The patient's ID,
- The patient's transplant date.

You have the possibility to delete a biological analysis from this list by clicking on the cross on the right. A confirmation window appears.





# 11. Patient list management

Click on "Patients" in the main menu on the left to view a list of patients in the team/department. The list contains the following information:

- A clickable star to add the patient to the list of favorites,
- Patient's full name,
- Patient's date of birth,
- Patient ID,
- Last evaluation date (indicated in Step 2, eGFR when creating a Predigraft report),
- Date of transplant,
- Patient account (if the account is activated, pending or not invited),
- Date of creation of the patient file.

When the page loads, the list is ordered by the last evaluation date column.

Pati	ents						
Q R	echercher					Patients favoris 🚖	10 \$
☆ ♦	Nom \$	Date de naissance 🖨	ID 0	Dernière évaluation 🔻	Date de transplantation 🏺	Temps après Tx 🗘	Créé le 🗘
*	Theodora T. Schimmel	10 août 1971	847-73-3688	5 oct. 2020	29 juil. 2014	6 ans	9 oct. 2020
☆	Rhiannon J. Hilpert	11 avr. 1964	591-27-8951	25 sept. 2020	19 juin 2020	3 mois	9 oct. 2020
☆	Okey Q. DuBuque	1 août 1967	882-78-3476	21 sept. 2020	3 déc. 2018	1 an	9 oct. 2020
☆	Glen Z. Hills	10 août 1969	168-29-6537	13 sept. 2020	28 janv. 2020	8 mois	9 oct. 2020
슈	Stacy X. Stokes	13 juil. 1956	879-12-3362	31 août 2020	17 juin 2013	7 ans	9 oct. 2020
☆	Althea Q. Muller	2 juin 1973	450-98-7831	26 août 2020	5 juil. 2020	3 mois	9 oct. 2020
슈	Candace E. Kihn	14 oct. 1964	373-23-3998	8 août 2020	3 avr. 2020	6 mois	9 oct. 2020
☆	Eleazar J. Kuphal	24 mars 1977	849-18-8748	15 juil. 2020	14 juil. 2019	1 an	9 oct. 2020
☆	Jameson D. Osinski	22 janv. 1970	826-29-9882	16 juin 2020	7 nov. 2018	1 an	9 oct. 2020
☆	Trenton A. Lindgren	28 août 1966	536-16-8870	12 juin 2020	29 déc. 2019	9 mois	9 oct. 2020
1 à 10	enregistrements sur 100				Précédent 1 2 3	4 5 6 10	Suivant





### 11.1 Search options:

In the search field, you can enter:

- All or part of the patient's name,
- All or part of an ID,
- A date (corresponding to the columns "Last evaluation", "Transplant date", "Created on") in the format dd/mm/yyyy or /mm or /yyyy.

The list of patients corresponding to the entry is displayed by pressing the "Enter" key on your keyboard.

Note: The search function does not apply to the "Time after Tx" column.

### 11.2 List of favorites:

Click on to add the patient to your favorites. Click to remove

to ren

the patient from the favorites.

Click  $\bigstar$  My patients to display the list of patients saved in the favorites list.





## 11.3 Display filter:

Click the scroll box on the top right to change the number of patients displayed on a page. You can display 10, 25, 50, or 100 patients.

Patie	ents						
Q R	echercher					Patients favoris 🚖	10 \$
☆ ♦	Nom ¢	Date de naissance 🗘	ID \$	Dernière évaluation 🔻	Date de transplantation 🗘	Temps après Tx 🗘	Créé le 🗘
*	Theodora T. Schimmel	10 août 1971	847-73-3688	5 oct. 2020	29 juil. 2014	6 ans	9 oct. 2020
*	Carleton A. Gislason	4 sept. 1973	801-62-7750	24 déc. 2019	6 nov. 2014	5 ans	9 oct. 2020
*	Alessandro G. McCullough	26 juil. 1980	161-11-6771	23 oct. 2019	6 mai 2012	8 ans	9 oct. 2020
*	Isaiah V. Rath	4 janv. 1978	857-05-2042	15 sept. 2018	8 juin 2017	3 ans	9 oct. 2020
*	Woodrow H. Leannon	20 oct. 1952	428-60-5016	26 août 2018	14 déc. 2016	3 ans	9 oct. 2020
*	Ozella F. Cummerata	12 janv. 1969	598-15-1010	25 avr. 2018	16 oct. 2010	9 ans	9 oct. 2020
*	Edwina G. Batz	3 mai 1953	608-80-0622	16 juin 2017	1 sept. 2011	9 ans	9 oct. 2020
*	Lexie G. Lynch	11 mai 1980	467-67-5323	30 avr. 2017	8 août 2016	4 ans	9 oct. 2020
*	Sandra V. Douglas	6 juil. 1957	743-40-3428	18 janv. 2017	2 oct. 2014	6 ans	9 oct. 2020
*	Agustina O. Macejkovic	27 janv. 1956	017-99-9228	29 déc. 2015	25 août 2015	5 ans	9 oct. 2020
1 à 10	enregistrements sur 10 (filtré p	armi 100)				Précédent 1	Suivant





### 11.4 Order the list:

Click on the column header to change whether the list is displayed in ascending or descending order. Example: Order names in ascending alphabetical order.

Pati	ents						
Q R	echercher					Patients favoris 🏠	10 🜩
\$ \$	Nom *	Date de naissance 🗘	ID \$	Dernière évaluation \$	Date de transplantation 🗘	Temps après Tx 🗘	Créé le 🗘
*	Edwina G. Batz	3 mai 1953	608-80-0622	16 juin 2017	1 sept. 2011	9 ans	9 oct. 2020
☆	Talon V. Beahan	1 août 1970	196-08-9346	1 juil. 2016	3 mars 2012	8 ans	9 oct. 2020
슈	Reinhold E. Beatty	3 mai 1980	241-55-4720		19 juin 2015	5 ans	9 oct. 2020
습	Kiana G. Beer	24 juil. 1968	448-73-3918	1 juil. 2015	31 déc. 2014	5 ans	9 oct. 2020
슙	Andres S. Block	21 mai 1979	204-36-3503	10 sept. 2019	30 juin 2017	3 ans	9 oct. 2020
☆	Jayme L. Breitenberg	27 juil. 1959	880-69-7722	22 août 2015	23 janv. 2011	9 ans	9 oct. 2020
☆	Kaia Z. Carroll	28 juin 1966	385-51-2830	7 janv. 2019	12 août 2011	9 ans	9 oct. 2020
☆	Kevon M. Champlin	2 févr. 1966	838-40-0339	17 déc. 2016	18 oct. 2013	6 ans	9 oct. 2020
습	Alexandrea Q. Cole	12 févr. 1972	679-30-4964	14 août 2016	7 avr. 2016	4 ans	9 oct. 2020
☆	Elliot D. Cruickshank	24 juin 1975	720-81-5659	15 févr. 2017	29 déc. 2015	4 ans	9 oct. 2020
1 à 10	enregistrements sur 100				Précédent 1 2 3	4 5 6 10	Suivant

A second click on the Name column allows you to order the list in descending order.

### 11.5 Browse the list:

To browse the list, click on one of the numbers, "Previous" or "Next" from the list.



# 12. Managing the "My Patients" list

Click on "My Patients" in the main menu on the left to display the list of patients with . The list contains the following information:

- Clickable star to remove the patient from the "My Patients" list,
- Patient's full name,
- Patient's date of birth,
- Patient's ID number,
- Last date of assessment (most recent date of step 2, eGFR when creating an iBox assessment),
- Date of transplantation,
- Patient account (if the account is activated, pending or not invited),
- Date of creation of the patient record.





0							10 \$
	Name 🌩	Date of Birth \$	ID \$	Latest evaluation 👻	Date of transplant \$	Patient account 🗘	Created \$
*	Roger R GERBI	Jun 28, 1950	045	Sep 20, 2021	Apr 8, 2020	Activated	Apr 28, 2021
*	Floriane DÙMÀNÈÉIÔÊÑ	Oct 10, 1996	8493	Sep 3, 2021	Sep 4, 2014	Pending	Sep 14, 2021
*	Birttany MACLEAN	Jan 11, 1991	045-444-999	Jun 28, 2021	Jul 1, 2020	Pending	Jul 28, 2021
*	Sunny O. ABERNATHY	Oct 24, 1969	895-44-0241	Nov 6, 2020	Nov 14, 2015	Activated	Dec 18, 2020
*	Oma F. REINGER	Mar 31, 1967	271-25-4043	May 13, 2020	May 28, 2016	Activated	Dec 18, 2020
*	Lucas Luc LEF	May 8, 1990	12345678	Apr 8, 2020	May 6, 2018	Pending	May 11, 2021
Sho	wing 1 to 6 of 6 entries (filtered fr	om 204 total entries)				Previ	ous 1 Next

**Note**: As soon as some of your patients are added to this list, you will be automatically redirected to this list when you connect to Predigraft.

### 12.1 Display filter

Click on to change the number of patients displayed on a page. You can display 10, 25, 50 or 100 patients.

## 12.2 Ordering the list

Click on the column header to change the display order, ascending or descending, of the list.

#### Example:

Order the names in ascending order.

A second click on the Name column allows you to order the list in descending order.

### 12.4 Browse the list

To browse the list, click on one of the numbers, "Previous" or "Next".



## 13. Messaging system management

You can also access the messaging system from the "Messaging" menu. Click on "Messaging" in the menu on the left.







When one of your patients sends you a message, a red dot in the "Messaging" menu appears. This counter lists the number of unread conversations. A second blue counter appears in each of your unread conversations and allows you to know the number of unread messages per conversation.

Thus, when you read an initially unread message, the red dot goes down one point.

**Warning**: If a patient sends you 5 messages, the red dot only takes into account the unread conversation and not the number of unread messages. The unread messages per conversation will be indicated by a blue dot next to the conversation.

Adding a weight or blood pressure by your patient is not considered a notification. The red dot is therefore only triggered by a new message or document sent by your patient.

Mess	aging	
Sea	rch	
🗆 му	patients 🗌 Unread messages	
AL	Alexis LANGOSH	
MÔ	Micheal ÔORDAN or the message sent belo	
RC	Ryan COCHRANE	
RS	Rosario SPINKA Bonjour, Je vais bien merc	
RG	Roger GERBI or the message sent belo	
НО	Helga O'KEEFE New document	•••
a	Coralie LEVY New document	
sv	Sachat VERRET	•••

The most recent conversation is displayed. You can access all the conversations of your patients with an activated Predigraft account, even those with whom you have never exchanged before.

You can view only the conversations of your patients in the "My Patients" list by checking the "My Patients" box.

Note: The "My Patients" filter is enabled by default.





Messaging	Alexis LANGOSH
(Search	
My patients Unread messages	POP
Alexis LANGOSH New document	2021-09-24 - 3:31 pm
MÔ Micheal ÔORDAN	
RC Ryan COCHRANE	
RS Rosario SPINKA Bonjour, Je vais bien merc 1 •••	
RG Roger GERBI	
Helga O'KEEFE New document 3 ···	
CC Coralie LEVY New document	
SV Sachat VERRET	Write a message

To change the conversation, click on the name of the desired patient. A blue bar will appear on the side indicating that you are on the conversation.

You can also search for a patient by clicking on the search bar at the top left of your mailbox.

When the patient's name appears in bold, it means that you have an unread message. When you click on it, the patient's name no longer appears in bold.

Note: Conversations are sorted from the most recent message to the oldest.

**Note**: You can view a document by clicking on the icon of the document you wish to view. The document will open in a new tab.





# 14. Report generation

To create a Predigraft report:

- Select a patient from the list to open his or her record.

If the patient has an account on the Predigraft Patient Application and has uploaded biological analysis reports, you can view one of these documents when you create a Predigraft report:

- From the patient record, in the "Analysis reports" item, click on the "+" button of the biological analysis report you want to view.

You can also create a Predigraft report without viewing patient documents:

You will then be directed to the page "New Predigraft report".

- From the patient record, click on the "New report" button of the Monitoring / Risk Assessment item.

Surveillance / Risk assessment + New

Surveillance	e / Risk assessment	+ New iBox Evaluation	
Date	Input data	Зу 5у 7у	
February 1, 2015	JY J	20 % 8 % 2 %	
January 1, 2015	5	99 % 99 % 98 %	
December 1, 2014	5 Y 5	81 % 71 % 60 %	
November 1, 2014	T Y	85 % 77 % 68 %	
	× 1 2	2	

You can also generate a new iBox evaluation from the biological table. To do so, click on "Biological Table" and then on the "New iBox Evaluation" button located at the top right of the table.

Alexis G. LANGOSI Female, 58 years old born o	<b>H (009–06–274</b> on Aug 24, 1963, trans	<b>12)</b> planted on April 8, 2(	014 (7 years ago)			← Back
Biology					+ Ne	ew iBox Evaluation
Blood Urine						
Day after transplant	2020-09-27	2020-10-18	2020-11-27	2020-12-02	2020-12-03	2020-12-07
Time after transplant						
Associated analysis						
Glycated hemoglobin (%)		11.66	14.63			7.04

## 14.1 Creating a report

Fill out all required fields in the form in order to proceed to the next step.

- 1. Estimated glomerular filtration flow rate value (eGFR)
- 2. Proteinuria value
- 3. DSA value if available, if not check "Not available".
- 4. Histology information if available, if not check "Not available".





If you have chosen to create an iBox assessment for a patient who does not have imported biology reports, click "Not Available" in the drop-down list :

For steps 1 and 2, you can fill in the following patient information:

- GFR-e,
- Proteinuria.

For step 3, you fill in the patient's DSA information. If you do not have this information, you can check the "Not available" box.

For step 4, you can click in the empty field on the left side of the report creation if you want to import a histology report from your computer and view it next to the form. You can save the histology report to the patient record. Then you can fill in the patient's histology information. If you do not have this information, you can check the "Not available" box.

If you chose to create an iBox evaluation for a patient who has imported biology reports:

For steps 1 and 2, the biological analysis document displays on the left side of the report creation. You can fill in the following patient information:

- GFR-e,
- Proteinuria.

**Warning**: The biological analysis report with the most recent date is displayed by default. To choose another report, please click on the arrow, a drop-down menu appears with all the biological analysis reports related to the patient.

**Note**: The biological analysis reports that you can display are the reports for which the data extracted at the import have been validated. If you have validated the following data, it will already be pre-populated automatically during steps 1 and 2 of the iBox assessment creation:

- GFR date,
- The estimated GFR,
- The creatinine level in the blood,
- Proteinuria date,
- Protein to creatinine ratio in urine
- The creatinine level in urine,
- Protein level in urine.



PREDIGRAFT

New iBox Evaluation

 Roger R. Gerbi (045)

 Male , 71 years old born on June 28, 1950, transplanted on April 8, 2020

 ← Back to patient file

1	2	3	4
Estimated GFR	Proteinuria	DSA	Histology
	<image/>	Choose a document Bio6_page-0006.pdf - September 23, 2021 Is eGFR available? (estimated according to the I Creatinine 5.00 Date of creatinine analysis September 23, 2021 The estimated GFR is greater than 500 mL/min/	MDRD equation) ○ Yes ● No ● µmol/L ○ mg/dL L,73m <sup>2</sup> .

For step 3, you fill in the DSA information you have about the patient. If you do not have this information, you can check the "Not available" box.

For step 4, you can click in the empty field on the left side of the report creation if you want to import a histology report from your computer and view it next to the form. You can save the histology report to the patient record. Then you can fill in the patient's histology information. If you do not have this information, you can check the "Not available" box.

• Dates

The dates of steps 1, 2, 3 and 4 are mandatory. They cannot be earlier than the date of transplantation. In order to help you enter this information, you have access to a calendar where you can click on the corresponding date:

During the 1st step, you can click on :

- A date on the calendar,
- The "Today" button.







In steps 2, 3 and 4, you can click on :

- A date on the calendar,
- The "Today" button,
- The "Date of GFR/creatinine" button (date of the 1st step).

Date of proteinuria estimation								
23/09/2021								
•	September 2021							
Mon	Tue	Wed	Thu	Fri	Sat	Sun		
		1	2	3	4	5		
6	7	8	9	10	11	12		
13	14	15	16	17	18	19		
20	21	22	23	24	25	26		
			30					
T	Today Date of eGFR/creat.							

The following screenshots show the necessary steps to create a report without viewing biological analysis reports.





Title banner	The title banner is avail	able on all report c	reation pages.	
	Nouveau rapport Predigr	aft	Femme, 75 ans née le 03 janvie	Sophie Lanreau (68730) r 1945, transplantée le 25 août 2015
	You will see the followi	banner is available on all report creation pages. u rapport Predigraft Sophie Lanreau (69730) Fermet, 75 ans net le 03 janvier 1945, transplantée le 25 août 2015 see the following patient information: Name, ID, Sex, Age and date of birth, Date of transplant. : mated GFR value must be between 0 and 500. Above 120, a message informs the iBox calculation will be done with a GFR equal to 120. message: "Are you sure that the estimated GFR is above 120mL/min/1.73m <sup>2</sup> ? calculation will use a GFR equal to 120 mL/min/1.73m <sup>2</sup> ." sessage: "The estimated GFR must be between 0 and 500. "		
	- Name,			
	- ID,			
	- Sex.			
	<ul> <li>Age and date of</li> </ul>	of birth.		
	- Date of transp	lant.		
1) Estimated	Option 1:			
glomerular	The estimated GFR valu	ie must be betweer	n 0 and 500. Above 120	), a message informs
filtration rate	you that the iBox calcul	ation will be done	with a GFR equal to 12	0.
	Warning message: "Are	you sure that the	estimated GFR is above	e 120mL/min/1.73m <sup>2</sup> ?
	The iBox calculation wil	I use a GFR equal to	o 120 mL/min/1.73m².	
	Error message: The es	timated GFR must i	be between 0 and 500.	
value (eGFR)				
	0	(2)	(3)	(4)
	Estimated GFR	Proteinuria	DSA	Histology
			Choose a document	
			Not Available	~
			Is eGFR available? (estimated according to the Mi	DRD equation) 🖲 Yes ု No
		_	Date of eGFR analysis	
			Select a date	
			Value of GFR estimated by the MDRD equation	ml /min/1 73m <sup>2</sup>
				mannerson
				Previous
	Option 2:			





	Estimated GFR	2 Proteinuria	3 DSA	4 Histology
		es the MDRD formula from creatinine. a is limited: "Creatinine value must be between 1 and 1300 µmol/L." "Creatinine value must be between 0.02 and 33.92 mg/dL." d: per "Estimated GFR is <value> mL/min/1.73m<sup>2</sup> from MDRD GFR is between 120 and 500: "Estimated GFR is <value> 'from MDRD equation. The iBox calculation will use an estimated to mL/min/1.73m<sup>2</sup>." "The estimated GFR is greater than 500 mL/min/1.73m<sup>2</sup>." "The estimated GFR is less than 0 mL/min/1.73m<sup>2</sup>."</value></value>		
	_		Choose a document Not Available Is eGFR available? (estimated according to the M	♥ DRD equation) ○ Yes @ No
	-~		Creatinine	⊛ µmol/i ⊖ mg/di
			Date of creatinine analysis Select a date	]
				Previous Next
	Predigraft applies the I Creatinine value is limi Error message: "Creati Error message: "Creati GFR is calculated: Success message: "Esti equation" or if GFR is to mL/min/1.73m <sup>2</sup> from I GFR equal to 120 mL/r Error message: "The est Error message: "The est Notes: - The upper limit cases. - The limit of 120 established bed	MDRD formula from ted: nine value must be b nine value must be b imated GFR is <value between 120 and 500 MDRD equation. The nin/1.73m<sup>2</sup>." stimated GFR is great stimated GFR is less t t of 500 mL/min/1.73m<sup>2</sup> for cause the calculation</value 	creatinine. etween 1 and 1300 p etween 0.02 and 33. > mL/min/1.73m <sup>2</sup> fro ): "Estimated GFR is < iBox calculation will of ter than 500 mL/min/ than 0 mL/min/1.73m Sm <sup>2</sup> exists to account calculating the iBox of iBox probabilities	umol/L." 92 mg/dL." om MDRD cvalue> use an estimated '1.73m <sup>2</sup> ." <sup>2</sup> ." for extreme score was and the
2) Proteinuria	mL/min/1.73m	<sup>2</sup> .		above 120
value	Estimated GFR	Proteinuría	3 DSA	(4) Histology
			Are either the urine protein/creatinine ratio I ves O No Date of proteinuria Select a date Proteinuria value From 0 to 12	n g/g or a 24 hour collection available?
	The proteinuria value s	should be between 0	and 12.	Previous Next





Error message: Proteinuria must be between 0 and 12 g/g.

Option 2:





	1 Estimated GFR	Proteinuría	3 DSA	(4) Histology
	ł	<b>L</b>	Are either the urine protein/creatinine ratio in g/ Yes No Urine protein Urine creatinine Date of proteinuria estimation Select a date	g or a 24 hour collection available?
				Previous Next
	Predigraft calculates Urine protein is limit Error message: "Proteinuria value m between 0 and 3000 Urine creatinine is lin Error message: "Creatinine value mu between 0 and 3959 Ratio is calculated: Success message: "The Error message: "Prot Error message: "Prot Note on proteinuria of Predigraft recomment Warning message: "The than the recomment Error message: "The days".	proteinuria by the rated: ust be between 0 and 0 mg/L." nited: ust be between 0 and .27 mg/L." he urine protein/creative in/creatinine ratio in the in/creatinine ratio in the time between the led 15 days." time between estima	tio of urine protein to 30 g/L." or "Proteinu 35 mmol/L." or "Creat tinine ratio is <value> o urine must not exceed o urine cannot be negated and proteinuria 15 days estimated GFR and p ted GFR and proteinu</value>	urine creatinine. ria value must be tinine value must be g/g." ed 12 g/g." ative." apart. proteinuria is longer uria is greater than 30
3) DSA value	Option 1:			
	Estimated GFR	Proteinurts  Proteinurts  Proteinurts  Proteinurts  Provention  Pr	eween 0 and 20000.	(A) Histology





	Error message: "The	MFI must be between 0	and 20000."	
	Option 2:			
	1 Estimated GFR	2 Proteinuria	3 DSA	4 Histology
		DSA status Quantitative Qualitative Qualitative Not available Date of DSA Select a date Binary DSA Presence Absence		Previous Next
	"Presence" or "Abser Option 3:	nce" must be selected.		
	0 Estimated GFR	2 Proteinuria	3 DSA	Histology
		DSA status Quantitative Qualitative * Not available		Previous Next
	Note on DSA date: Predigraft recommer Warning Message: The time between the Error Message: The time between the	nds measuring GFR and I estimated GFR and DSA is r estimated GFR and DSA is r	DSA at 2-month inter nore than the recomme more than 4 months.	vals. ended 2 month interval.
4) Histology information	Option 1:			





Estimated GFR			4
Unload histology	Proteinuria	DSA	Histology
Upload histology			
Uniorde piteretratette	H	istology Status	
opioda histology	report	Banff Scores Available Diagnosis Available	
		Not available	
	D	ate of biopsy	
		Select a date	
	G	Iomerulitis (g score)	00 01 02 03
	P	eritubular capillaritis (ptc score)	00 01 02 03
	In	terstitial inflammation (i score)	00 01 02 03
	т	ubulitis (t score)	00 01 02 03
	T	ansplant Glomerulanathy (ca score)	01 01 02 03
			00010100
		terstitidi librosis tubular atrophy (ir la score)	00010203
			Previous Create report
Δ value of "0" "1" "2" c	r "3" must he select	ed for each Banff score	
	i S must be select	eu loi each baill scole	•
Option 2:			
550012.			
0	2	3	
Estimated GFR	Proteinuria	DSA	Histology
Unload histology	report	tistology Status	
opioud instology		D Banff Scores Available	
		Diagnosis Available     Not available	
		Not dvdilable	
		Date of biopsy	
		Select a date	
		Diagnosis	
	C	Antibody-mediated rejection	
		T cell-mediated rejection	
		Beautropes of contropathy (alemonulonathy )	
		Recurrence of nephropathy (glomerulopathy) BK virus nephropathy	
		Recurrence of nephropathy (glomerulopathy)     BK virus nephropathy     Colcineurin-inhibitor toxicity     Avute kidene kineuri	
		Recurrence of nephropathy (glomerulopathy) Kvius nephropathy Calcineurin-inhibitor toxicity Acute kidney injury Other	
		Recurrence of nephropathy (giomerulopathy_)     BK virus nephropathy     BK virus nephropathy     BK virus nephropathy     BK virus nephropathy     Catineurin-Inibitot toxicity     Acute kidney injury     Other	
		Tecurrence of nephropothy (glomerulopothy) Bit Virus nephropothy Cacineurin-Inhibitor toxicity Cacineurin-Inhibitor toxicity Cacine Virun-Inhibitor toxicity Cacine Virun-Virun Cate Virun	
		Recurrence of nephropothy (glomerulopothy) BK Virus nephropothy Cocineurin-hibitor toxicity Cocineurin-hibitor toxicity Cocure lidney injury Other	Previous Crents report
		Recurrence of nephropathy (glomerulopathy) BK Virus nephropathy Cacineurin-hibitor toxicity Cacineurin-hibitor toxicity Acute lidney injury Other	Previous Create report
		Tecurrence of nephropathy (glomerulopathy) EK Virus nephropathy Calcineurin-hibitor toxicity Calcineurin-hibitor toxicity Calche Lidney Injury Other	Previous Create repor
		☐ recurrence of nephropathy (glomenulopathy) ☐ Ki virus nephropathy C accineurin-inhibitor toxicity 〕 Acute kidney injury 〕 Other	Previous Create report
At least one diagnosis m	ust he selected "Ot	lecumes of represently (glomenulopathy) Bit virus represently calcineuri-hibber tosistly acute kidney injury other	Previous Create report
At least one diagnosis m	ust be selected. "Ot	lecumence of rephrepothy (glomerulopathy) Bit virus nephropathy clacineurin-holibor todatby clacineurin-holibor todatby clacineurin-holibor todatby cother	Previous Create report
۱ ۱ least one diagnosis m liagnosis.	ust be selected. "Ot	lecurrece of rephrepothy (glomerulopathy) Bit Virus nephropathy clacineurin-holibor toxicity clacineurin-holibor toxicity clacineurin-holibor toxicity clacineurin-holibor toxicity cother	Previous Create report y other
At least one diagnosis m diagnosis.	ust be selected. "Ot	l fecurrence of nephropothy (glomerulopathy) Bit Viru nephropothy clocineurin-holibor toxicity clocineurin-holibor toxicity clother other	Previous Create report
At least one diagnosis m diagnosis.	ust be selected. "Ot	l tecurrence of nephropothy (glomerulopathy) BK virus nephropothy clocineurin-hibitor tostity clocineurin-hibitor tostity clother other	Previous Create report
At least one diagnosis m diagnosis. <u>Option 3:</u>	ust be selected. "Ot	lecurrence of nephropothy (glomerulopathy) es viru nephropothy colcineurin-hibitor tosticity coute tidney injury other	Previous Create report
۱t least one diagnosis m liagnosis. <u>)ption 3:</u>	ust be selected. "Ot	l ecumes of noproporty (glomenulopathy) Bit virus noproporty Cacineuri-hibitor todatty acute kidney injury other	Previous Create report
t least one diagnosis m agnosis. <u>ption 3:</u>	ust be selected. "Ot	lecumes of represents (glomerulopathy) Bit virus represents clockeuri-hibitor todatly clockeuri-hibitor todatly clocke vidney injury other	Previous Create repor





1 Paramètres Cliniques	2 DFG Estimé	Brotéinurie	d DSA	3 Histologie
Importer u	n rapport d'histologie			
		Résultat Histolog Scores de Ban Diagnostic dis ® Non disponible	lque If disponibles ponible s	
			P	récédent Créer un rapport
Note on histology of Predigraft recommo Message: The time between est	l <u>ate:</u> ends measuring C timated GFR and bi	GFR and histolog	ty at 2-month in than 2 months.	tervals. Error

Predigraft selects the iBox algorithmic model corresponding to the input data. The "Create Report" button checks the input data for errors. The generated iBox evaluation contains the results of the iBox algorithm calculation: survival probability at 3, 5 and 7 years post evaluation date (date of step 1).

## 14. 2 Visualization of results

The title banner recalls the patient's name, the date of evaluation (date of step 1) GFR-e), the patient's date of transplantation.



You can print the Predigraft report by clicking on "Print". If you created the iBox evaluation by previewing a biological analysis report, you can download the biological analysis report.

You can delete the report by clicking on "Delete" and specifying the reason in the confirmation window that appears:

- Incorrect data,
- The record is for a different patient,
- The report is a duplicate.





You can visualize the results of the iBox calculation: the probability of kidney graft survival projected at 3 years, 5 years, and 7 years from the evaluation date. The "comments" panel describes the probabilities.



You can view the iBox results of the current report compared to the results of the most recent previous report. The comment panel describes whether the survival probabilities are better or worse since the previous report.



You can visualize the input data that were used to generate the report: date and value for each step of the report creation (Clinical Parameters, Estimated GFR, Proteinuria, DSA, Histology). In the Comment panel, you can find the probability of agreement of the iBox model based on the input data (C-stat). Click on the "publication" link to access the Paris Transplant Group publication about the iBox.





Input data		
ESTIMATED GFR		HISTOLOGY
eGFR	80.0 mL/min/1,73m <sup>2</sup>	Not Available
Date of eGFR	Mar 20, 2020	
PROTEINURIA		
Proteinuria	9 g/g of creatinine	
Date of prot.	Apr 2, 2020	
DSA		
Not Available		

## 14.3 Automatic iBox generation

You have the possibility to create iBox assessments manually, but also automatically. Indeed, the iBox score being calculated thanks to the proteinuria and the GFR, the calculation can be done automatically by the MDRD equation.

Thus, for each new urine creatinine and urine protein ratio or for each new proteinuria value that you will enter on your patient's form, a new iBox report will be created automatically. However, this new report will be created only if an estimated GFR value is already present on your patient's record and is less than one month old.

In the same way, for each creatinine or estimated GFR value entered in your patient's file, a new iBox report will be created automatically, only if a proteinuria value is already present in your patient's file and is less than a month old.

**Note**: Each report will be displayed in the same place as the manually created reports, and only one report per day will be generated in case of several new data.

## 15. Managing the list of reports

Click on "Predigraft Reports" on the left sidebar to view a list of reports for all patients in the team/department. The list contains the following information:

- Report: report of <full name of patient> (born on <patient date of birth>),
- Evaluation date: date of step 2) "Estimated GFR" when creating the report,
- Time after Tx: the time between transplant date and evaluation date,
- 3 years, 5 years, 7 years: the probability of renal graft survival at 3 years, 5 years, and 7 years after the evaluation date,
- Created on: the date the report was created.

When the page loads, the list is automatically ordered by the Evaluation Date column.





iBox evaluations						
Q. Search						10 🗢
Report 🗇	Evaluation date 👻	Time after Tx 🔅	3 years 0	5 years ©	7 years 🗇	Created ©
Report for Roger R GERBI (born Jun 28, 1950)	Sep 20, 2021	1 year	95 %	92 %	88 %	Sep 21, 2021
Report for Roger R GERBI (born Jun 28, 1950)	Sep 20, 2021	1 year	99%	98 %	97 %	Sep 21, 2021
Report for Roger R GERBI (born Jun 28, 1950)	Sep 20, 2021	1 year	95 %	92 %	88 %	Sep 21, 2021
Report for Roger R GERBI (born Jun 28, 1950)	Sep 20, 2021	1 year	42 %	25 %	12 %	Sep 21, 2021
Report for Roger R GERBI (born Jun 28, 1950)	Sep 20, 2021	1 year	97 %	95 %	93 %	Sep 20, 2021
Report for Micheal ÖORDAN (born May 4, 1974)	Sep 17, 2021	3 years	6%	1%	0%	Sep 17, 2021
Report for Ryan COCHRANE (born Jul 28, 1980)	Sep 16, 2021	1 year	83 %	74 %	64 %	Sep 16, 2021
Report for Coralie LEVY (born Jul 24, 1995)	Sep 16, 2021	5 years	83 %	74 %	64 %	Sep 16, 2021
Report for Coralie LEVY (born Jul 24, 1995)	Sep 15, 2021	5 years	98 %	97 %	95 %	Sep 17, 2021
Report for Coralie LEVY (born Jul 24, 1995)	Sep 14, 2021	5 years	71 %	58 %	44 %	Sep 14, 2021
Showing 1 to 10 of 433 entries				Previous 1	2 3 4 5	6 44 Next

## 15.1 Search for:

In the search field, you can enter:

- All or part of a patient's name
- A date corresponding to the columns "Evaluation date",
   "Time after Tx", "Created on" in the format dd/mm/yyyy or /mm or /yyyy

The list of reports corresponding to the search entry is displayed by pressing the "Enter" key on your keyboard.

### 15.2 Display filter:

Click on the scroll box on the upper right to change the number of reports displayed on a page. You can display 10, 25, 50, or 100 reports.

### 15.3 Order the list:

Click on the column header to change whether the list is displayed in ascending or descending order.

### 15.4 Browse the list:

To browse the list, click on one of the numbers, "Previous" or "Next" from the list.





 Précédent
 1
 2
 3
 4
 5
 6
 ...
 10
 Suivant





# 16. Alerts

## 16.1 Definition of alerts

Predigraft calculates patient alerts when the following data are added to a patient record:

- Weight data
- Blood pressure data
- Values for immunosuppressive drugs C<sub>0</sub> Tacrolimus, C<sub>2</sub> Ciclosporin, C<sub>0</sub> Everolimus or C<sub>0</sub> Sirolimus when creating a Predigraft report
- Kidney function values for estimated GFR and proteinuria when creating a Predigraft report
- Kidney Graft Survival Probability during Predigraft Report creation and iBox calculation

## 16.2 Alert settings

Predigraft calculates patient alerts based on alert settings. There are three parameter categor:

- Predigraft-level (default): Cibiltech sets the default values
- Team level: the team owner can modify the alert settings for the team. This setting is then applied to all patients in the team.
- Patient-level: department members can change alert settings for each patient. this setting is only valid for the specified patient.

## 16.2.1 Cibiltech settings: default setting

For the Predigraft level, Cibiltech has defined default values that teams can modify as they see fit.

### 1) Blood pressure:

- Maximum systolic pressure value: 140 mmHg.
- Maximum diastolic pressure value: 90 mmHg.
- Systolic pressure value for hypertension (Grade 3): 180 mmHg.
- Diastolic pressure value for hypertension (Grade 3): 110 mmHg.

The maximum values for each setting are:

- Maximum systolic pressure value: 250 mmHg
- Maximum diastolic pressure value: 130 mmHg

### <u>2) Weight</u>

- Weight gain: 1 kg.
- Weight loss in one month: 5%.
- Weight loss in six months: 10%.

The maximum values for each setting are:

• Weight gain: 20 kg





### 3) Immunosuppressive drugs

- C0 Tacrolimus minimum threshold: 4 ng/mL
- C0 Tacrolimus maximum threshold: 12 ng/mL
- C2 Ciclosporin minimum threshold: 600 ng/mL
- C2 Ciclosporin maximum threshold: 1200 ng/mL
- C0 Everolimus minimum threshold: 3 ng/mL
- C0 Everolimus maximum threshold: 8 ng/mL
- CO Sirolimus minimum threshold: 4 ng/mL
- CO Sirolimus maximum threshold: 12 ng/mL

The maximum values for each parameter are:

- T0 Tacrolimus minimum threshold: 12 ng/mL
- T0 Tacrolimus maximum threshold: 13 ng/mL
- T2 Ciclosporin minimum threshold: 1000 ng/mL
- T2 Ciclosporin maximum threshold: 1500 ng/mL
- T0 Everolimus minimum threshold: 12 ng/mL
- T0 Everolimus maximum threshold: 13 ng/mL
- T0 Sirolimus minimum threshold: 12 ng/mL
- T0 Sirolimus maximum threshold: 13 ng/mL

4) Blood biology data

- Minimum potassium: 3.2 mmol/L
- Potassium maximum: 5.3 mmol/L
- Minimum hemoglobin: 10 g/dL
- Maximum hemoglobin: 16.5 g/dL
- Minimum HbA1c: 4.5 %.
- Maximum HbA1c: 9 %.
- Platelets minimum: 80 000 /mm3
- Platelets maximum: 550 000 /mm3
- Neutropenia (minimum neutrophils): 1 000 /mm3
- Troponin maximum: 0.6 μg/L
- Minimum INR: 1
- Maximum INR: 5

The accepted thresholds for each parameter are :

- Potassium minimum: [3 3.5] mmol/L
- Maximum potassium: [4.8 5.5] mmol/L
- Hemoglobin minimum: [8.5 10] g/dL
- Maximum hemoglobin: [16 17.5] g/dL
- HbA1c minimum: [4 6] %
- HbA1c maximum: [6.5 13.5] %
- Platelets minimum: [10 000 150 000] /mm3
- Platelets maximum: [550,000 1,000,000] /mm3
- Neutropenia (minimum neutrophils) : [500 1,000] /mm3
- Troponin maximum: [0.6 2] μg/L
- INR minimum: [1 3.5]
- Maximum INR: [3.5 5]





### 5) Renal function (estimated GFR, proteinuria)

- Decrease in estimated GFR: 30%.
- Increase in serum creatinine: 50%.
- *de novo* proteinuria

The maximum values for each parameter are:

- Decrease in estimated GFR: 9999.99%.
- Increase in serum creatinine: 9999.99%.

#### 5) Probability of kidney graft survival

- Decrease in the probability of survival at 3 years: 1%.
- Decrease in the probability of survival at 5 years: 1%.
- Decrease in the probability of survival at 7 years: 1%.

### Settings that cannot be changed are:

- de novo proteinuria
- Systolic pressure for hypertension (Grade 3)
- Diastolic pressure for hypertension (Grade 3)
- Weight loss in one month
- Weight loss in six months
- Decrease in the probability of survival at 3 years
- Decreased probability of survival at 5 years
- Decreased probability of survival at 7 years





## 16.2.2 Team-level configuration

To set up the team alerts, click on "Alerts" in the left sidebar, then click on "Alert Setup".

Alertes				
Paramétrage d'alertes				
Nom	ID	Dernière évaluation	Date de transplantation	Créé le
Sophie Q. Lanreau	68730	26 août 2020	25 août 2015	9 oct. 2020

You will then be taken to the "Team Alert Settings" page.

D Settings History	dification by Mr Joesp	h Feeney I2 (1 we	eek ago)				
Biology table				Blood pressure & Weigh	t in the second s		
Potassium: minimum	3.20	mmol/L	Update	Systolic BP : maximum	140	mmHg	Update
otassium: maximum	5.30	mmol/L	Update	Diastolic BP : maximum	90	mmHg	Update
emoglobin: minimum	10.00	g/dL	Update				
lemoglobin: maximum	16.5	g/dL	Update	Weight gain	1.00	kg	Update
IbAlc: minimum	4.50	96	Update				
IbAle: maximum	9.00	%	Update	Kidney function			
latelets: minimum	80000	/mm3	Update	Serum creatinine increase	1.00	96	Update
latelets: maximum	550000	/mm3	Update		Predigraft set	tings: 50	
leutropenia: minimum	1000	/mm3	Update	Other settings (not cust	omizable)		
roponin: maximum	0.60	µg/L	Update	De novo proteinuria			
R: minimum	1.00		Update	Hypertension (grade 3) : Systolic I Hypertension (grade 3) : Digstolic	8P ≥ 180 mmHg 8P > 110 mmHg		
NR: maximum	5.00		Update	Weight loss in one month ≥ 5 %			
				Weight loss in six months a 10 % Absolute decrease of 3 years graf	tsurvival probability a	1%	
facrolimus: minimum	4	ng/mL	Update	Absolute decrease of 5 years graf Absolute decrease of 7 years graf	tsurvival probability a tsurvival probability a	1%	
facrolimus: maximum	12	ng/mL	Update				
Tolosporine T <sub>a</sub> : minimum	600	ng/mL	Update				
Ciclosporine T <sub>a</sub> : maximum	1200	ng/mL	Update				
verolimus: minimum	3	ng/mL	Update				
verolimus: maximum	8	ng/mL	Update				
irolimus: minimum	4	ng/mL	Update				
irolimus: maximum	12	aatmi	Undate				

To modify a parameter: change the value in the corresponding field and then click on the "Modify" button. A confirmation window will display the following information:

- The parameter value entered,




The calculation that generates the alert.

Example of modification of the minimum Tacrolimus threshold, at the team level:

Confirmation du changement	
Tous les patients du service seront en alerte si : Concentration résiduelle de Tacrolimus < 5 ng/mL	
Annuler Modifier pour tous les patier	nts

Click on "Modify for all patients" to confirm, or on "Cancel" to cancel the update.

Once you have updated a parameter, a "Parameter History" button allows you to access the history of changes. Next to the history button, a message indicates the date of the last parameter update, as well as the name of the user who performed the action.



For each parameter that does not apply the default value, the default value will be displayed below: "Default (Predigraft): <Predigraft setting value>".

Tacrolimus : minimum	5	ng/mL	Modifier
	Défaut (Predig	graft) : 4	

## 16.2.3 History of team-level configuration

You can access the setting history via the "Alerts" path on the left main menu, "Service Alerts Setting", "Setting History".

The history is displayed in descending order from the most recent to the oldest. In the history you will see:

- The name of the user who changed the settings,
- The date of the change,
- The list of each alert parameter and corresponding value.





Team Alert Settings history		← Back
<u>Mr Joesph Feeney I2 : 1 week ago</u>		
Biology table Potassium (maximum) : 3.20 mmol/L Potassium (maximum) : 5.30 mmol/L Hemoglobin (minimum) : 10.00 g/dL Hemoglobin (maximum) : 16.5 g/dL HbA1c (minimum) : 4.50 % HbA1c (maximum) : 500 % Platelets (maximum) : 50000 /mm3 Neutropenia (polynuclear neutrophils minimum) : 1000 /mm3 Troponin (maximum) : 0.60 µg/L INR (minimum) : 1.00 INR (maximum) : 5.00	Kidney function         Serum creatinine increase : 1.00 %         De novo proteinuria         Blood Pressure         Systolic BP (maximum) : 140 mmHg         Diastolic BP (maximum) : 90 mmHg         Systolic BP for Hypertension (grade 3) : 180 mmHg         Diastolic BP for Hypertension (grade 3) : 110 mmHg         Weight         Weight loss in 1 month : 5 %         Weight loss in 6 months : 10 %	
Tacrolimus (minimum) : 4 ng/mL Tacrolimus (maximum) : 12 ng/mL Ciclosporine T <sub>*</sub> (minimum) : 600 ng/mL Ciclosporine T <sub>*</sub> (maximum) : 1200 ng/mL Everolimus (minimum) : 3 ng/mL Everolimus (maximum) : 8 ng/mL Sirolimus (maximum) : 12 ng/mL Sirolimus (maximum) : 12 ng/mL	Survival Probability Absolute decrease of 3 years graftsurvival probability : 1.00 % Absolute decrease of 5 years graft survival probability : 1.00 % Absolute decrease of 7 years graft survival probability : 1.00 %	

## 16.2.4 Patient-level configuration

To set up alerts for a patient, access the patient record and click on the three small dots next to the patient's name, then click on "Alert settings". This will take you to the "Alert settings: <full name of patient>".





D Settings History	odification by Mr Joesp	oh Feeney I2 (1 w	eek ago)				← Bo
Biology table				Blood pressure & Weight	t .		
Potassium: minimum	3.20	mmol/L	Update	Systolic BP : maximum	140	mmHg	Update
Potassium: maximum	5.30	mmol/L	Update	Diastolic BP : maximum	90	mmHg	Update
Hemoglobin: minimum	10.00	g/dL	Update				
Hemoglobin: maximum	16.5	g/dL	Update	Weight gain	1.00	kg	Update
HbAlc: minimum	4.50	%	Update				
HbAlc: maximum	9.00	%	Update	Kidney function			
Platelets: minimum	80000	/mm3	Update	Serum creatinine increase	1.00	96	Update
Platelets: maximum	550000	/mm3	Update				
Neutropenia: minimum	1000	/mm3	Update	Other settings (not custo	omizable)		
Froponin: maximum	0.60	µg/L	Update	De novo proteinuria Hypertension (arade 3) : Systolic E	3P ≥ 180 mmHa		
NR: minimum	1.00		Update	Hypertension (grade 3) : Diastolic	BP ≥ 110 mmHg		
INR: maximum	5.00		Update	Weight loss in six months ≥ 10 %	1		
				Absolute decrease of 5 years graft	tsurvival probability a	:1%	
Tacrolimus: minimum	4	ng/mL	Update	Absolute decrease of 7 years graft	tsurvival probability ≥	1%	
Facrolimus: maximum	12	ng/mL	Update				
Ciclosporine T <sub>2</sub> : minimum	600	ng/mL	Update				
Ciclosporine T <sub>2</sub> : maximum	1200	ng/mL	Update				
verolimus: minimum	3	ng/mL	Update				
verolimus: maximum	8	ng/mL	Update				
irolimus: minimum	4	ng/mL	Update				
Sirolimus: maximum	12	ng/mL	Update				

To modify a parameter: change the value in the corresponding field and then click on the "Modify" button. A confirmation window will display the following information:

- The parameter value entered,
- The calculation that generates the alert.

Click on "Modify for <full patient name>" to validate, or on "Cancel" to cancel the update.

Example of changing the Maximum Systolic Pressure threshold at the patient level:

Please c	onfirm the fo	bllowing update	×
An alert wi Hemoglob	ill appear for the in > 16. g/dL	patient Ryan COCHRANE if:	
	Cancel	Update for Ryan COCHRAN	E





Once you have updated an alert parameter at the patient level, a "Parameter History" button allows you to access the modification history. The button does not appear if the parameter has only been changed at the team level.

Next to the history button, a message will display the date of the last update to the patient's alert settings as well as the name of the user who performed the action.

Patient Alert S	ettings: Ryan COCHRANE
Settings History	Last modification by Prof. Lorena Jast (1 second ago)

Under each parameter that does not have the default value, a text says: "Default (Service): <value of service setting>".

Hemoglobin: maximum	16.0	g/dL	Update
	Team settings: 16.5		

## 16.2.5 History of patient-level settings

To access a patient's alert history, select a patient's record and click on the three small dots next to the patient's name, then click on "Settings History".

The history is sorted with the most recent modification at the top of the page. The history is a list containing:

- The category of the setting: team/department or patient,
- The name of the user who changed the settings,
- The date of the change.





Alert History: Ryan COCHRANE (045-222-056)	← Back
Alerts (Sep 16, 2021)     O Mark as read There is a reduction of the kidney function (increase of serum creatinine) between Sep 16, 2021 and Sep 16, 2021.	
Alerts (Sep 16, 2021)     O Mark as read There is a reduction of the kidney function (increase of serum creatinine) between Sep 16, 2021 and Sep 16, 2021.	
Alerts (Sep 16, 2021)     O Mark as read There is a reduction in probability allograft survival between Jul 28, 2021 and Sep 16, 2021.	
● Alerts (sep 21, 2021)  Prof. Lorena Jast marked as read this alert I second ago Sep 21, 2021: From last evaluation (Sep 17, 2021), a gain of weight has been observed (+ 20 kg).	

# 16.3 Alert calculation for a patient

Alerts are based on the following information (calculations are available in the Appendix).

## 1) Blood pressure

The software calculates blood pressure alerts from:

- the most recent date of blood pressure and associated systolic and diastolic pressure values

## <u>2)</u> Weight

The software calculates weight alerts from:

- the most recent date of weight and the corresponding value
- the previous weight date and the corresponding value

#### 3) Immunosuppressive drugs

The software calculates immunosuppressive drug alerts on the first validation of data extracted from a biological report, if that report is the most recent analysis date:

- date of the biological analysis,
- T<sub>0</sub> Tacrolimus (ng/mL), T<sub>2</sub> Ciclosporin (ng/mL), T<sub>0</sub> Everolimus (ng/mL), T<sub>0</sub> Sirolimus (ng/mL) values.

## 4) Blood biological data

The software calculates the blood biological data alerts during the first validation of the data extracted from a biological report, if this report is the most recent analysis date:

- date of the biological analysis,
- Potassium value converted to mmol/L,
- Hemoglobin value converted to g/dL,
- HbA1c (Glycated Hemoglobin) value converted to %,
- Platelet count value converted to /mm3,
- Neutrophil count value converted to /mm3,
- Troponin value converted,
- INR value.





## 5) Kidney function

Software calculates renal function alerts from two Predigraft reports:

- Orders Predigraft reports by date of assessment (date of step 2) Estimated GFR),
- Selects the most recent report: "current report,
- Selects the previous report: "previous report.

The software selects in both reports: date of estimated GFR, GFR value, creatinine value if filled, proteinuria date, proteinuria value.





## 6) Probability of kidney graft survival

Software calculates renal function alerts from two Predigraft reports:

- Orders Predigraft reports by date of assessment (date of step 2) Estimated GFR)
- Selects the most recent report: "current report
- Selects the previous report: "previous report

The software selects from both reports: projected survival probabilities at 3 years, 5 years, 7 years.

# 16.4 Management of the list of patients on alert

Click on "Alerts" on the left sidebar for a list of patients on alert.



A counter of patients on alert is displayed on the left sidebar Alerts <sup>1</sup>. If the counter is not visible, there are no patients on alert.

Alertes				
Paramétrage d'alertes				
Nom	ID	Dernière évaluation	Date de transplantation	Créé le
Sophie Q. Lanreau	68730	26 août 2020	25 août 2015	9 oct. 2020

The list of patients on alert contains:

- Patient's full name,
- Patient ID,
- Latest assessment date: last date of the "Estimated GFR" stage entered during creation of a Predigraft report for this patient,
- Patient transplant date,
- Date of creation of the patient record.

You can click on one of the lines in the list of patients on alert to access the corresponding patient record.





## 16.5 Managing an alert

If a patient is on alert, the alerts are visible from the patient record.

Alerte (9 oct. 2020) O Marguer comme lu
---

#### Each alert contains:

- The date of creation of the alert,
  - Details of the alert,
- A "Mark as read" button.

#### Mark as read

If you click on "Mark as read", this action is recorded in the database and means that you are aware of the alert. The button is changed to "Read on <date and time> by <user>" and this message is visible to all team members.

An alert marked as read is moved to the alert history page, accessible through the "Alert History" button on the patient page.

#### Alert History

The Alert History page lists a patient's alerts, displaying the most recent first. The history page lists read alerts (gray) and unread alerts (red). You can read an alert from this page.

Historique d'alertes : Sophie Q. Lanreau (68730)	← Retour
Alerte (9 oct. 2020) OMrquer comme lu 1 oct. 2020 : Depuis la dernière date d'évaluation (26 sept. 2020), un changement de poids a été observé chez Lanreau Sophie (+ 1.4 kg).	
<ul> <li>Alerte (1 oct. 2020) Or. John Smith a lu cette alerte il y a I semaine</li> <li>Le 5 oct. 2020, la pression artérielle systolique est supérieure à la cible définie pour Lanreau Sophie : 150 mmHg.</li> </ul>	
<ul> <li>Alerte (1 oct. 2020) Or. John Smith a lu cette alerte il y a 1 semaine</li> <li>Le 5 oct. 2020, la pression artérielle diastolique est supérieure à la cible définie pour Lanreau Sophie : 110 mmHg.</li> </ul>	

## 16.6 Daily notification of your patients' activity

If you are a member of a team, you will receive a daily email about the Predigraft activity of your patients in the "My Patients" list. This email contains the following information:

- The number of your patients in the "My Patients" list who have a weight or blood





pressure alert,

- The number of documents imported by your patients, present in the "My patients" list, the previous day,
- The number of unread conversations to date with your patients present in the "My Patients" list.

Note: The clinical and biological data as well as the documents are not contained in the email.

If you are the owner of a team, you will receive a daily email about the Predigraft activity of all the patients in your department. This email contains the following information:

- The number of your patients in the "My Patients" list who have an alert on their weight or blood pressure,
- The number of patients not in the "My Patients" list of any member of your team who have alerts on their weight and blood pressure,
- The number of documents imported by your patients, present in the "My Patients" list, the previous day,
- The number of documents imported by patients not in the "My Patients" list of any of your team members,
- The number of unread conversations to date with your patients in the "My Patients" list,
- The number of unread conversations to date with patients not in any team member's "My Patients" list.

Note: Clinical and biological data and documents are not contained in the email.

# **17.** Patient application

From the patient application, the patient can send you clinical and biological data:

- Weight,
- Blood pressure,
- Biological analysis report.

You can directly consult the data sent by the patient in his corresponding patient record.



nts.pd



# 18. Support/Maintenance

For any questions, requests, or reports of malfunction, please send an email to <a href="mailto:support@cibiltech.com">support@cibiltech.com</a>

**MATERIOVIGILANCE**: Any incident or risk of serious incident (defined according to article L5212-2 of the Public Health Code) detected during the use of the medical device Predigraft must be reported to the manufacturer at the following address: <u>contact@cibiltech.com</u>

You must report any event to the competent authority of the Member State in which you are established: https://ec.europa.eu/health/sites/health/files/md\_sector/docs/md\_vigilance\_contact\_poi





# 19. Personal data

For any questions, requests or statements regarding your personal data, please refer to Cibiltech's Privacy Policy, available online on the company's website: www.cibiltech.com.





# 20. Appendix

## 20.1: Input Parameters

## 1. Transplant and evaluation date

The transplant date must be filled in with the day, month and year.

The evaluation date is the date on which the creatinine measurement was performed. This date may be different from the date of the medical appointment. This date is used as a reference for all other measurements taken. It must be completed with the day, month and year.

## 2. Estimated glomerular filtration rate (eGFR)

Glomerular filtration rate (GFR) is the primary measure of kidney function. It can be measured or estimated from validated formulas that have been published in scientific journals. The equation that was used to develop and validate the iBox is the one used in the Modification of Diet in Renal Disease (MDRD) study:

Estimated GFR (mL/min/1.73 m<sup>2</sup>) =  $186 \times (Scr/88.4)^{-1.154} \times (Age)^{-0.203 \times} (0.742 \text{ if female})$  (International Unit)

#### 3. Proteinuria

Proteinuria is a marker of kidney damage. It can be tested with a urine test strip. If positive, it is confirmed and quantified on a 24-hour urine collection (result in mg/24h), or when 24-hour urine collection is not possible, on a urine sample taken at any time of day and by the proteinuria/creatinuria ratio (result in mg/g or mg/mmol).

Proteinuria is measured on the same day as creatinine. A delay of up to 15 days between the measurement of creatinine and the estimation or measurement of proteinuria is tolerated.

#### 4. anti-HLA donor specific antibodies

The presence of donor-specific anti-HLA antibodies (DSA) is assessed regularly after a kidney transplant. The measurement is carried out by solid phase analysis. The current preferred method is flow cytometry using fluorescent microbeads. The result is provided by the HLA laboratory. It can be qualitative (positive or negative) or quantitative. The mean value of the fluorescence intensity (MFI) of the immunodominant DSA (i.e. DSA with the highest MFI) should be reported. The date of the DSA test should not be more than 2 months from the evaluation date.

#### 5. Histology

A pathology report is provided after a kidney transplant biopsy. This report provides a histological description with a diagnostic result as well as a semi-quantitative description of the basic histological lesions according to the Banff classification system. The clinician has the option to enter the reported diagnoses or the Banff histological scores. The date of biopsy should not exceed 2 months from the date of assessment.





## 20.2 Appendix 2: Calculation of alerts

## 1) Blood pressure

The software calculates blood pressure alerts from: - the most recent date of blood pressure and corresponding systolic and diastolic pressure

values Systolic blood pressure is referred to as "SP" below. Diastolic blood pressure is referred

to as "PAD".

### Calculation of alerts:

IF PAS > blood\_pressure\_high\_systolic: "On the <DATE>, systolic blood pressure is above the target set for <NAME> FIRST NAME>: <PAS VALUE> mmHg. » IF PAD > blood\_pressure\_high\_diastolic: "On the <DATE>, diastolic blood pressure is above the target set for <NAME> <FIRST NAME>: <PAD VALUE> mmHg. »

IF PAS >= 180 OR PAD >= 110: "On <DATE>, a grade 3 blood pressure was observed for <NAME> <FIRST NAME> (<PAS VALUE> / <PAD VALUE> mmHg)".

## <u>2)</u> Weight

The software calculates Weight alerts from:

- the most recent date of weight and corresponding value

- the previous weight date and the corresponding value

## **Calculation of alerts:**

IF Weight\_gain >= Weight\_gain\_kg:

"< RECENT DATE>: Since the last evaluation date (<PREVIOUS DATE>), a change in weight has been observed for <NAME> <FIRST NAME> (+ <DIFFERENCE BETWEEN WEIGHTS> kg)". ELSE IF

Difference between dates is one month or less AND

Weight loss >= Weight\_loss\_percentage\_one\_month\_ago

(5%)

OR

The difference between the dates corresponds to one month to six months AND Weight Loss >= Weight\_loss\_percentage\_six\_months\_ago (10%):

"< RECENT DATE> : Since the last evaluation date (<PREVIOUS DATE>), weight loss has been observed in <NAME> <FIRST NAME> (- <DIFFERENCE BETWEEN WEIGHTS> kg)".

## 3) Immunosuppressive drugs

The software calculates immunosuppressive drug alerts on the first validation of data extracted from a biological report, if that report is the most recent analysis date and  $T_0$  Tacrolimus,  $T_2$  Ciclosporin,  $T_0$  Everolimus,  $T_0$  Sirolimus values









IF T<sub>o</sub> Tacrolimus < trough\_levels\_low\_tacrolimus OR > trough\_levels\_high\_tacrolimus: "<DATE>: The residual tacrolimus concentration is outside the target defined for <NAME> <FIRST NAME> (T0: <VALUE> ng/mL).

IF T<sub>2</sub> Cyclosporine < trough\_levels\_low\_cyclosporine OR > trough\_levels\_high\_cyclosporine: "<DATE> : The concentration of cyclosporine 2 hours after dosing (T2) is outside the target defined for <NAME> <FIRST NAME> (C2: <VALUE> ng/mL).".

IF T<sub>o</sub> Sirolimus < trough\_levels\_low\_everolimus OR > trough\_levels\_high\_everolimus: "<DATE>: The residual concentration of sirolimus is outside the target defined for <NAME> <FIRST NAME> (TO: <VALUE> ng/mL).".

IF T<sub>o</sub> Everolimus < trough\_levels\_low\_sirolimus OR > trough\_levels\_high\_sirolimus: "<DATE>: The residual concentration of everolimus is outside the target defined for <NAME> <FIRST NAME> (TO:

<VALUE> ng/mL).

## 4) Kidney function

The software calculates blood biology data alerts on the first validation of data extracted from a biology report, if that report is the most recent analysis date:

- date of the biological analysis,
- Potassium value converted to mmol/L,
- Hemoglobin value converted to g/dL,
- HbA1c (Glycated Hemoglobin) value converted to %,
- Platelet count value converted to /mm3,
- Neutrophil count value converted to /mm3,
- Troponin value converted to µg/l,
- INR value.

## Calculation of alerts :

IF Potassium < bio\_\_potassium\_\_low\_\_mmol\_l OR > bio\_\_potassium\_\_high\_\_mmol\_l: "<DATE>: Potassium is below/above the defined threshold: <VALUE> mmol/L."

IF Hemoglobin < bio\_hemoglobin\_low\_g\_dl OR > bio\_hemoglobin\_high\_g\_dl: "<DATE>: Hemoglobin is below/above the defined threshold <VALUE> g/dL."

IF HbA1c < bio\_\_hab1c\_\_low\_\_percentage OR > bio\_\_hab1c\_\_high\_\_percentage: "<DATE>: Glycated hemoglobin is below/above the defined threshold: <VALUE> %."

IF Platelets < bio\_\_platelets\_\_low\_\_per\_mm3 OR > bio\_\_platelets\_\_high\_\_per\_mm3: "<DATE>: Platelets are below/above the defined threshold: <VALUE> /mm3."

IF Neutrophils < bio\_\_neutropenia\_\_low\_\_per\_mm3: "<DATE>: Neutropenia was detected: <VALUE>/mm3."

IF Troponin > bio\_troponin\_high\_ug\_l:





"<DATE>: Troponin is above the defined threshold ( <VALUE> µg/L)."

IF INR < bio\_\_inr\_\_low OR > bio\_\_inr\_\_high: "<DATE>: INR is below/above the defined threshold <VALUE>."

### 5) Kidney function

The software calculates renal function alerts from two Predigraft reports:

- Orders the Predigraft reports by date of assessment (date of step 2) Estimated GFR),
- Selects the most recent report: "current report,
- Selects the previous report: "previous report.

The software selects in both reports: date of estimated GFR, GFR value, creatinine value if informed, proteinuria date, proteinuria value

#### Calculation of alerts:

IF the GFR value of the current report is reduced by "kidney\_function\_\_egfr\_reduction" or more, compared to the GFR value of the previous report:

"Kidney function has decreased (decrease in estimated GFR) between <PREVIOUS REPORT DATE> and <CURRENT REPORT DATE>"

IF the serum creatinine value of the current report is increased by "kidney\_function\_\_serum \_creatinine\_increase" or more, compared to the serum creatinine value of the previous report: "Kidney function decreased (serum creatinine decreased) between <PREVIOUS REPORT DATE> and <CURRENT REPORT DATE>."

IF proteinuria value was 0 in the previous report and is greater than 0 in the current report: "Kidney function decreased (de novo proteinuria) between <PREVIOUS REPORT DATE> and <CURRENT REPORT DATE>."

## 6) Probability of renal graft survival.

The software calculates renal function alerts from two Predigraft reports:

- Orders the Predigraft reports by date of assessment (date of step 2) Estimated GFR),
- Selects the most recent report: "current report,
- Selects the previous report: "previous report.

Software selects from both reports: projected survival probabilities at 3 years, 5 years, 7 years.

#### Calculation of alerts:

IF probability of survival at 3 years of the current report < probability of survival at 3 years of the previous report with a precision of survival\_probability\_\_3y\_reduction (1%) OR

5-year survival probability of the current report < 5-year survival probability of the previous report with a precision of survival\_probability\_5y\_reduction (1%)

OR

7-year survival probability of current report < 7-year survival probability of previous report with a precision of survival\_probability\_\_7y\_reduction (1%) :

"The probability of renal graft survival decreased between <PREVIOUS REPORT DATE> and <CURRENT REPORT DATE>."





# 20.3 Appendix 3: Biological Table Reference Units

Values stored in Predigraft but not displayed in the biological table are shown in italics.

Blood" part

- Glycated hemoglobin: %.
- Glucose: mmol/L
- Sodium: mmol/L
- Potassium: mmol/L
- Total CO2: mmol/L
- Protein: g/L
- Urea: mmol/L
- Creatinine: µmol/L
- eGFR: mL/min/1.73m2
- Calcium: mmol/L
- Phosphorus: mmol/L
- Magnesium: mmol/L
- Uric acid: µmol/L
- Total Bilirubin: μmol/L
- Conjugated Bilirubin: μmol/L
- ALT: IU/L
- AST: IU/L
- Alkaline phosphatase: IU/L
- Gamma GT: IU/L
- LDH: IU/L
- CPK: IU/L
- Amylase: IU/L
- Lipase: IU/L
- Total cholesterol: mmol/L
- HDL total cholesterol: mmol/L
- LDL cholesterol: mmol/L
- Triglycerides: mmol/L
- Troponin: ng/L
- Haptoglobin: g/L
- Ferritin: μg/L
- Saturated transferrin coefficient: %.
- PTH: ng/L
- 25-hydroxyvitamin D: ng/mL
- Di-hydroxyvitamin D: pg/mL
- Patient prothrombin time: seconds
- Prothrombin time control: seconds
- PT: %.
- INR (ratio)
- APTT ratio
- Patient aPTT: seconds
- Control aPTT: seconds
- Fibrinogen activity: g/L
- Anti-Xa: Xa/mL
- CRP: mg/L
- AB antibody assay: titre
- Hematies: 1012/L
- Hematocrit: %.
- Hemoglobin: g/dL



- VGM: fL
- Reticulocytes: 109/L
- Schizocytes : %
- Leukocytes: 109/L
- Neutrophils: 109/L
- Eosinophilic Polynuclei: 109/L
- Basophilic Polynuclear Cells: 109/L
- Lymphocytes: 109/L
- Monocytes: 109/L
- Platelets: 109/L
- BK: log copies/mL
- CMV: log copies/mL
- HIV: log copies/mL
- HBV: log copies/mL
- HCV: log copies/mL
- Ciclosporin T0: ng/mL
- Ciclosporin T2: ng/mL
- Tacrolimus T0: ng/mL
- Sirolimus T0: ng/mL
- Everolimus T0: ng/mL
- PSA : ng/mL

## Urine" part

- Urine volume: L/24h
- Urine protein: g/L
- Protein-creatinine ratio: g/g
- Urea: mmol/L
- Urine Creatinine: mmol/L
- Urine Sodium: mmol/L
- Urine potassium: mmol/L
- Urinary red blood cells: /mm3
- Urinary leukocytes: /mm3
- Microbiology (text)

