

SPLIT			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

Status 1 Listing (S1L)

Version: 2.0; 12-20-07

Date listed as Status 1 (*S1LLSTDT*):

Complete for Participants listed as Status 1, or moved from a PELD/MELD Score based listing to Status 1 (Canadian equivalent - 4 or 4f):

1. Indicate the listing status: (check ☐ 1a (U.S.)/4f (Canadian) ☐ 1b (U.S.)/4 (Canadian) one) (*S1LUNOS*)

2. Labs at Listing as Status 1:

	Common Units (CU)	Standard International (SI)
Total Bilirubin:	(<i>S1LTIBIL</i>) <input type="text"/> (xxxxxx.x) mg/dL	(<i>S1LTBSI</i>) <input type="text"/> (xxxxxx.x) µmol/L
Direct Bilirubin:	(<i>S1LDIBIL</i>) <input type="text"/> (xxxxx.xx) mg/dL	(<i>S1LDBSI</i>) <input type="text"/> (xxxxx.xx) µmol/L
AST/ SGOT:	(<i>S1LAST</i>) <input type="text"/> (xxxxx) U/L	(<i>S1LASTSI</i>) <input type="text"/> (xxxxx) U/L
ALT/ SGPT:	(<i>S1LALT</i>) <input type="text"/> (xxxxx) U/L	(<i>S1LALTSI</i>) <input type="text"/> (xxxxx) U/L
Albumin:	(<i>S1LALB</i>) <input type="text"/> (xx.x) g/dL	(<i>S1LALBSI</i>) <input type="text"/> (xxx.x) g/L
Sodium:	(<i>S1LSODUM</i>) <input type="text"/> (xxx) mEq/mL	(<i>S1LSODSI</i>) <input type="text"/> (xxx) mmol/L
Serum Creatinine:	(<i>S1LSRCRE</i>) <input type="text"/> (xx.x) mg/dL	(<i>S1LSCSI</i>) <input type="text"/> (xxxx.x) µmol/L
INR:	(<i>S1LINR</i>) <input type="text"/> (xx.x)	

3. Calculated scores at and prior to listing as Status 1:

Indicate type: (*S1LSCRTY*) ☐ PELD - 1 ☐ MELD - 2 ☐ Not available - 9

At listing for Status 1: (*S1LSCORE*) (xx.x)

2 weeks prior (\pm 1 week) (*S1L2WNA*) ☐ Not Applicable

(S1L2WK)

Date: _____ mm/dd/yyyy Score: (S1LSCR2) _____
(xx.x)4 weeks prior (\pm 1
week) (S1L4WNA)☐ Not Applicable

(S1L4WK)

Date: _____ mm/dd/yyyy Score: (S1LSCR4) _____
(xx.x)8 weeks prior (\pm 1
week) (S1L8WNA)☐ Not Applicable

(S1L8WK)

Date: _____ mm/dd/yyyy Score: (S1LSCR8) _____
(xx.x)

Symptoms/Events: At Listing as Status 1 or Within Last 6 Months:

4. Was Subject in ICU? (S1LICU)

☐ No - 0 ☐ Yes - 1If yes, Date of most recent ICU
admission: (S1LICUDT)

_____ (mm/dd/yyyy)

5. Was Subject on a
ventilator? (S1LVNT)☐ No - 0 ☐ Yes - 1

If yes, Date started: (S1LVNTDT)

_____ (mm/dd/yyyy)

6. Was Subject on dialysis or
CVVH? (S1LDIACV)☐ No - 0 ☐ Yes - 1

If yes, Date started: (S1LDICVD)

_____ (mm/dd/yyyy)

7. Number of hospital
admissions: (S1LHOSP)

_____ (xxx)

8. Ascites requiring diuretic
therapy: (S1LDIRTH)☐ No - 0 ☐ Yes - 1If yes, Date of
onset: (S1LTHRDT)

_____ (mm/dd/yyyy)

9. Spontaneous Bacterial
Peritonitis: (S1LBAC)☐ No - 0 ☐ Yes - 1If yes, Number of
episodes: (S1LBACNM)

_____ (xx)

10. Hepatic Encephalopathy Grade 3 or
4: (S1LHEGR)☐ No - 0 ☐ Yes - 1

If yes, Date of onset: (S1LHEDT)

_____ (mm/dd/yyyy)

Grade at listing as Status
1: (S1LHGRAD)☐ 0 - None ☐ 1 ☐ 2 ☐ 3 ☐ 4

11. Variceal Bleeding: (S1LBLEED)

☐ No - 0 ☐ Yes - 1If yes, Number of episodes
requiring
transfusion: (S1LBDTR)

_____ (xx)

12. Nutritional support
required: (S1LNTSPT)☐ No - 0 ☐ Yes - 1

If yes, Date started: (S1LNTLDT)

_____ (mm/dd/yyyy)

13. Glasgow Coma Score
 ≤ 10 : (S1LGCSER)☐ No - 0 ☐ Yes - 1

If yes, Date of
event: (S1LGSDT) _____ (mm/dd/yyyy)

The Notes field should not be used to communicate information to the SPLIT DCC. This field is intended to be used for notes center staff may find useful when returning to the form.

Notes: (S1LNOTES)



