

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

Retransplant Evaluation (RTE)

Version: 8.0; 12-20-07

Segment (*PROTSEG*):

Relisting Eval Date (*RTEDTTLE*):

Date of Last Transplant:

The Retransplant Evaluation form captures data collected at the time of listing for a retransplant. Data should be entered for evaluations performed closest to listing or used to list the participant.

Status and Listing Information

1. Date of transplant listing (*mm/dd/yyyy*)
(deceased/living): (*RTELSTDT*)
Date of transplant listing must be entered to determine ranges for date fields and expectations for age-dependent fields below.

2. UNOS Status 1a or 1b: (*RTEUNOS*) ☐ No - 0 ☐ Yes - 1
3. Canadian Status 4 or 4f (equivalent to UNOS Status 1): (*RTEUNOS*) ☐ No - 0 ☐ Yes - 1
If yes, complete Status 1 Listing form.
 - a. Indicate score type used to list with UNOS: (*RTESCORE*) ☐ PELD - 1 ☐ MELD - 2
 - b. Was the calculated score or exception score used to list the participant? (*RTEALLOC*) ☐ Calculated - 0 ☐ Exception - 1

PELD exception score: (*RTEPELDA*) (*xxx.x*)

MELD exception score (if ≥ 12 years): (*RTMELDA*) (*xxx.x*)

4. Patient status (at relisting): (*RTESTAT*)

ICU - 1	<input type="checkbox"/>
Hospitalized, not in ICU - 2	<input type="checkbox"/>
Not hospitalized - 3	<input type="checkbox"/>

Labs/Procedures

5. Hematology/Chemistries (at time of listing or closest to listing):

Labs from anytime within the acceptable date range shown below can be reported. Labs within the same panel should be reported for the same date.

Date Range: From (RTELWDT)
(mm/dd/yyyy) To (RTEHIDT)
(mm/dd/yyyy)

The date of re-transplant listing must be entered before entering chemistry/hematology results. Enter the date when blood was drawn for the majority of the labs.

Date the majority of the labs were drawn: (RTELABDT) (mm/dd/yyyy)

	Common Units (CU)	Standard International (SI)	Duration Fasting Required if participant ≥5 years
Total Bilirubin:	(RTETOBIL) (xxx.x) mg/dL	(RTETBSI) μmol/L (xxxxx.x)	(RTETBDFS) None (< 4 hrs) - 0 4-8 hours - 1 > 8 hours - 2 Unknown - 9
Direct Bilirubin:	(RTEDIBIL) (xxx.xx) mg/dL	(RTEDBSI) μmol/L (xxxxx.xx)	
AST/ SGOT:	(RTEAST) (xxxxx) U/L	(RTEASTSI) U/L (xxxxx)	
ALT/ SGPT:	(RTEALT) U/L (xxxxx)	(RTEALTSI) U/L (xxxxx)	
Albumin:	(RTEALB) g/dL (xx.x)	(RTEALBSI) g/L (xxx.x)	
Total cholesterol:	(RTETCHCU) (xxxx) mg/dL	(RTETCHSI) mmol/L (xx.xxx)	(RTETCDFS) None (< 4 hrs) - 0 4-8 hours - 1 > 8 hours - 2 Unknown - 9
Triglycerides:	(RTETRICU) (xxxx) mg/dL	(RTETRISI) mmol/L (xxx.xx)	(RTETRDFS) None (< 4 hrs) - 0 4-8 hours - 1 > 8 hours - 2 Unknown - 9
Glucose:	(RTEGLUCU) (xxxx) mg/dL	(RTEGLUSI) (xxx) mmol/L	(RTEGLDFS)

None (< 4 hrs) - 0
 4-8 hours - 1
 > 8 hours - 2
 Unknown - 9

Sodium: *(RTESODUM)* _____ *(xxx)* *(RTESODSI)* _____
 mEq/mL (xxx) mmol/L

Serum Creatinine: *(RTESRCRE)* _____ *(RTESCSI)* _____
(xx.x) mg/dL (xxxx.x)
 μmol/L

WBC: *(RTEWBC)* _____ *(RTEWBCSI)* _____
(xxx.x) 10³ cells/μL (xxx.x)
 10⁹ cells/L

Platelets: *(RTEPLAT)* _____ *(RTEPLTSI)* _____
 10³ cells/μL (xxxx) 10⁹
 cells/L

Hemoglobin: *(RTEHGBCU)* _____ *(RTEHGBSI)* _____
(xx.x) g/dL (xx.x) g/L

Prothrombin time: *(RTEPROTM)* _____
(xxx.x) seconds

INR: *(RTEINR)* _____ *(xx.x)*

6. Total number of prior liver transplants: *(RTEPRTRA)* _____ *(x)*

Record the number of liver transplants prior to this re-listing.

a. Primary cause of graft failure: *(RTEGFPRI)*

1- Primary graft dysfunction
 2- Hyperacute rejection
 3- Acute rejection
 4- Chronic rejection- ductopenic
 5- Chronic rejection- vascular
 *Additional Options Listed Below

If *Other*, please specify: *(RTEGFPOT)*

b. 1st contributing cause of graft failure: *(RTECNCU1)*

0- None
 1- Primary graft dysfunction
 2- Hyperacute rejection
 3- Acute rejection
 4- Chronic rejection- ductopenic
 *Additional Options Listed Below

If *Other*, please specify: *(RTECON10)*

7. Previous abdominal operations excluding prior liver ☐ No - 0 ☐ Yes - 1

transplants: (RTEABSUR)

a. Kasai procedure: (RTEKASAI) ☐ No - 0 ☐ Yes - 1
If Yes, specify date: (RTEKASDT) (mm/dd/yyyy)

b. Kidney transplant: (RTEPRREN) ☐ No - 0 ☐ Yes - 1
If Yes, specify date: (RTEPRTDT) (mm/dd/yyyy)

c. Other: (RTEABOTH) ☐ No - 0 ☐ Yes - 1
If Yes, specify: (RTEABOSP)

8. Is the patient on dialysis/
hemofiltration? (RTEDIAL) ☐ No - 0 ☐ Yes - 1

Renal Aim

Urine protein/creatinine ratio (RTEUCRND) ☐ Not Done

Urine protein: (RTEUPROT)

(xxx.x) (RTEPRUT)Units

mg/dL - 1
mg/L - 2
mmol/L - 3

Urine creatinine: (RTEUCREA)

(xxx.x) (RTECRUT)Units

mg/dL - 1
mg/L - 2
mmol/L - 3

9. Does the participant have any of the
below primary renal diseases unrelated
to calcineurin inhibitor
exposure? (RTERENAL) ☐ No - 0 ☐ Yes - 1

Primary Renal Diseases: Vesicoureteral reflux, obstructive uropathy, renal hypo/dysplasia, cystic kidney, chronic glomerulonephritis, or other non-CNI disease.

Renal dysfunction secondary to primary liver disease and renal tubular dysfunction without decrease in GFR do not apply.

If Yes, indicate type: (RTERETYP)

Vesicoureteral reflux - 1
Obstructive uropathy - 2
Renal hypo-/dysplasia - 3
Cystic kidney condition - 4
Chronic glomerulonephritis - 5
*Additional Options Listed Below

If Other, specify: (RTEREOTH)

Assessments

Date of listing must be entered in order to display height, weight, and head circumference (participants < 5 years) and determine if they are within the visit window (90 days prior to 30 days post listing date). If values

were not measured within the visit window, indicate 'Not Done'.

10. Height: (RTEHTND)

(RTEHTDT)

(RTEHT)

☐ Not Done

Date (mm/dd/yyyy)

Value (xxx.x) cm (RTEHTIN) (xx.x) in

11. Weight: (RTEWTND)

(RTEWTD)

(RTEWT)

☐ Not Done

Date (mm/dd/yyyy)

Value (xxx.x) kg (RTEWTLBS) (xxx.x) lbs

12. Head circumference (if < 5 years): (RTEHCND)

(RTEHCDT)

(RTEHC)

☐ Not Done

Date (mm/dd/yyyy)

Value (xx.x) cm

13. Tanner stage (if ≥8 years):

Method of assessment: (RTETANME)

Pubic: (RTETANPU)

Breast: (RTETANBR)

Self report - 1
Evaluation - 2
Not done - 9

1
2
3
4
5

1
2
3
4
5

14. Current nutritional intake:

a. Mouth: (RTECNIM)

☐ No - 0 ☐ Yes - 1

b. Tube: (RTECNIT)

☐ No - 0 ☐ Yes - 1

c. Parenteral (IV): (RTECNIP)

☐ No - 0 ☐ Yes - 1

15. School status: (RTEEDUST)

Attends school full time - 1
Attends school part time - 2
Home schooling only, not medically indicated - 3
Home schooling only, medically indicated - 4
No ongoing education, medically capable - 5
*Additional Options Listed Below

a. Grade equivalent: (RTEGREQV)

b. Special education: (RTESPED)

Above grade level - 1
At grade level - 2
Below grade level - 3

None - 1
Gifted-talented - 2
Remedial reading (tutoring, reading support, speech therapy) - 3
Special educational support or in special educational classroom - 4

16. Guardian/Parents' marital status: (RTEBPMS)

Married - 1
Divorced/ separated - 2
Widowed - 3
Never married, living together - 4
Never married, living separately - 5

Concomitant Medications

Record medications taken from the last visit up to the date of this listing.

"Yes, currently" indicates that the medication was taken at time of listing.

"Yes, not currently" indicates the medication was taken since the last visit but not at the time of listing.

17. Anti-hypertensive (non-diuretic) use: (RTEAHTND)

No - 0
Yes, not currently - 1
Yes, currently - 2

Number of non-diuretics used: (RTEAHTNN)

(x)

18. Anti-hypertensive (diuretic) use: (RTEAHTDI)

No - 0
Yes, not currently - 1
Yes, currently - 2

Number of diuretics used: (RTEAHTDN)

(x)

19. Insulin use: (RTEINSUL)

No - 0
Yes, not currently - 1
Yes, currently - 2

20. Anti-hyperglycemic use: (RTEATHYG)

No - 0
Yes, not currently - 1
Yes, currently - 2

21. Statin use: (RTESTATN)

No - 0
Yes, not currently - 1
Yes, currently - 2

22. Anti-convulsant use: (RTESEIZU)

No - 0
Yes, not currently - 1
Yes, currently - 2

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: (RTECOMNT)

Additional Selection Options for RTE

Primary cause of graft failure:

- 6- Hepatic artery thrombosis
- 7- Portal vein thrombosis
- 8- Postoperative hemorrhage
- 9- Biliary tract- intrahepatic only
- 10- Biliary tract- intra and extrahepatic
- 11- Hepatitis B infection
- 12- HCV infection
- 13.1- Immunosuppression decreased or stopped due to infection
- 13.2- Immunosuppression decreased or stopped due to noncompliance
- 13.3- Immunosuppression decreased or stopped due to LPD
- 14- Recurrent liver disease
- 99- Other

1st contributing cause of graft failure:

- 5- Chronic rejection- vascular
- 6- Hepatic artery thrombosis
- 7- Portal vein thrombosis
- 8- Postoperative hemorrhage
- 9- Biliary tract- intrahepatic only
- 10- Biliary tract- intra and extrahepatic
- 11- Hepatitis B infection
- 12- HCV infection
- 13.1- Immunosuppression decreased or stopped due to infection
- 13.2- Immunosuppression decreased or stopped due to noncompliance
- 13.3- Immunosuppression decreased or stopped due to LPD
- 14- Recurrent liver disease
- 99- Other

If Yes, indicate type:

Other - 9

School status:

- No ongoing education, medically incapable - 6
- Not of school age - 7
- Attending college/ completed HS/GED - 8

