

SubjectID	R5273		Race	--
First Name			Ethnicity	--
Last Name			Gender	-- 1: Male 2: Female
Substudy	HRQOL only	HCV only	Blood Type	-- 1: A 2: B 3: O 4: AB
Subject Type	1: Donor	Linked to UNOS Px ID	Date of Birth	Month Day Year
Subject Consent Summary	Consent Status	<input type="text"/>	Subject Transplant Summary	Date of Transplate / Donation
	Status Change Date	<input type="text"/>		Month Day Year Time
	Refusal Reason	<input type="text"/>		Relationship to Recipient / Donor
	Lost to Follow-up Reason	<input type="text"/>		--
Subject Retransplant / Graft Failure Summary	Date of re-transplant		Status of Transplant / Donation	Txp Scheduled
	Month Day Year Time		Subject Death Summary	Date of Death
	Primary reason for graft failure			Month Day Year
	--			Primary Cause of Death
If other, specify		--		
If vascular thrombosis, specify one of the following		Secondary reason for graft failure	If other, specify	
--		--	Secondary Cause of Death	
If other, specify		--	--	
If vascular thrombosis, specify one of the following		--	If other, specify	
--		--	Was liver functioning at the time of death	
--		--	--	





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DNR HRQOL RCP Assessment

Site ID: 902

Subject ID : Name D4219 : ettycDRs, 5BJ45U7K

A1	Date of chart review: Month Day Year	
A2	PXID	
A3	Date of Birth Month Day Year	
A4	Date of Surgery Month Day Year	
A5	Gender -- 1: Male 2: Female	
A6	Ethnicity -- 1: Hispanic/Latino 2: Non-Hispanic/Non-Latino 998: Unknown	
A7	Race -- 1: America Indian or Alaskan Native 2: Asian (includes Indian, subcontinent) 3: Black or African American 4: Native Hawaiian or Other Pacific Islander 5: White (includes Middle Eastern) 6: Multi-Racial, not specified 9: Unknown	
A8	Relationship to Donor --	
B1	What is the recipient's current status? (if alive, go to question B-5) -- 1: Alive 2: Dead 998: Unknown	

B2	(If dead) Date of Death: Month Day Year	
B3	Cause of Death - Primary -- 1: Liver failure 2: Other Causes 3: Unknown	
B4	Was the liver functioning at the time of death? -- 1: Yes 2: No 998: Unknown	
B5	(If subject is still alive) what is the status of the liver graft? (if functional, go to question B-7) -- 1: Functional 2: Failed 3: Unknown	
B6	(If the subject is alive and the graft failed) Date of re-transplant: -- 1: Known (please enter date below) 2: Unknown	
	(If the subject is alive and the graft failed) Date of re-transplant: Month Day Year	
B7	Recipient medical condition at the time of Donor HRQOL assessment: -- 1: subject in ICU 2: Hospitalized, not in ICU 3: In rehab facility 4: Not hospitalized 998: Unknown	
B8	Recipient on ventilator at the time of Donor HRQOL assessment? -- 1: Yes 2: No 998: Unknown	
B9	Did the recipient have a rejection episode that was confirmed by a biopsy since the transplant operation? -- 1: Yes 2: No 998: Unknown	
	If yes, how many biopsy-proven rejection episodes has the recipient had since the transplant operation?	
B10	Recipient on dialysis at the time of Donor HRQOL assessment? -- 1: Yes 2: No 998: Unknown	

C1	Serum alanine aminotransferase (ALT) closest to the time of Donor HRQOL assessment: IU/L Not Done	
C2	Serum aspartate aminotransferase (AST) closest to the time of Donor HRQOL assessment: IU/L Not Done	
E1	Questionnaire Completed	
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.	
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No	



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[Tasks](#)

DNR Intraop

Site ID: 902

Subject ID : Name D3901 : TF5ZP3OE, RNCENly5

A1	Date of donation surgery: Month Day Year			
	Please complete a hospitalization CRF for the donation admission.			
B1	Donor height closest to the time of donation: Inches			
B2	Donor weight closest to the time of donation: Kilograms			
B3	Serum alanine aminotransferase (ALT) closest to the time of donation IU/L Not Done			
B4	Serum aspartate aminotransferase (AST) closest to the time of donation IU/L Not Done			
B5	Serum alkaline phosphatase (ALK) closest to the time of donation IU/L Not Done			
B6	Total bilirubin closest to the time of donation mg/dl Not Done			
B7	Serum creatinine closest to the time of donation mg/dl Not Done			
B8	Albumin closest to the time of donation g/dl Not Done			
B9	Blood urea nitrogen (BUN) closest to the time of donation mg/dl Not Done			
B10	INR closest to the time of donation INR Units Not Done			
B11	White blood cell (WBC) count closest to the time of donation $\times 10^3/\text{mm}^3$ Not Done			
B12	Hemoglobin (Hgb) closest to the time of donation g/dl Not Done			
B13	Platelet count closest to the time of donation $\times 10^3/\text{mm}^3$ Not Done			
B14	Right Lobe Liver volume (CT or MR): cc			
B15	Left Lobe Liver volume (CT or MR):			

cc

B16

Spleen Volume (CT or MR):

cc



C1

Was the donation procedure aborted before completion? (if no, go to question C-5)

--

1: Yes

2: No



If yes to procedure abortion, why was the procedure aborted? (Check all that apply)

 Click to Expand/Collapse Quality of donor liver Insufficient liver mass Technical difficulties in the donor Donor instability Unexpected medical findings in the recipient Recipient instability Recipient death on table Other

Specify other reason for procedure abortion:



C2

Did the donor receive general anesthesia?

--

1: Yes

2: No



C3

Was the liver parenchyma divided?

--

1: Yes

2: No



C4

Was the lobe removed from the donor?

--

1: Yes

2: No



C5

Was the donation procedure performed laparoscopically?

--

1: Yes

2: No



C6

Was the donated lobe transplanted?

--

1: Yes

2: No



C7

Was the donated graft transplanted into the originally-intended recipient? (if yes, go to question C-8)

--



















1: Yes

2: No



If no to graft transplantation, why wasn't the resected graft transplanted into the recipient? (Check all that apply)

 Click to Expand/Collapse Quality of donor liver Insufficient liver mass Recipient instability Unexpected medical findings in the recipient Recipient death on table Other

	Specify other reason why the resected graft was not transplanted into the recipient:		
C8	Was a pre-operative or intraoperative biopsy of the donor liver performed? (if no, go to question C-9) -- 1: Yes 2: No		
	If yes to pre-op/intraop liver biopsy:		
	What was the percentage of macrovesicular fat noted on the biopsy report? 1: %		
	What was the percentage of microvesicular fat noted on the biopsy report? 1: %		
	Were other findings noted? -- 1: Yes 2: No		
	Other findings (specify):		
C9	Lobe recovered: --		
C10	Was the middle hepatic vein included? --		
C11	What was the weight of the resected lobe (graft weight)? gm		
C12	Was auto-transfusion used? -- 1: Yes 2: No		
	If yes to auto-transfusion, total amount transfused: cc		
C13	Was banked blood given to the subject during the donation surgery? -- 1: Yes 2: No		
	Number of predonated autologous units:		
	Number of non-autologous units:		
C14	Did the subject experience any episode(s) of systolic BP<100 mmHg during the surgery? (if no, go to question C-16) -- 1: Yes 2: No		
	If yes, indicate total duration of the episode(s). Add together if more than one episode. min		
C15	Did the subject experience systolic BP<80 mmHg for 5 or more minutes during the surgery? -- 1: Yes		

2: No

Did any intraoperative injuries occur? (if no, go to question C-17)

--

1: Yes

2: No

If yes, which structure(s) were injured? (check all that apply)

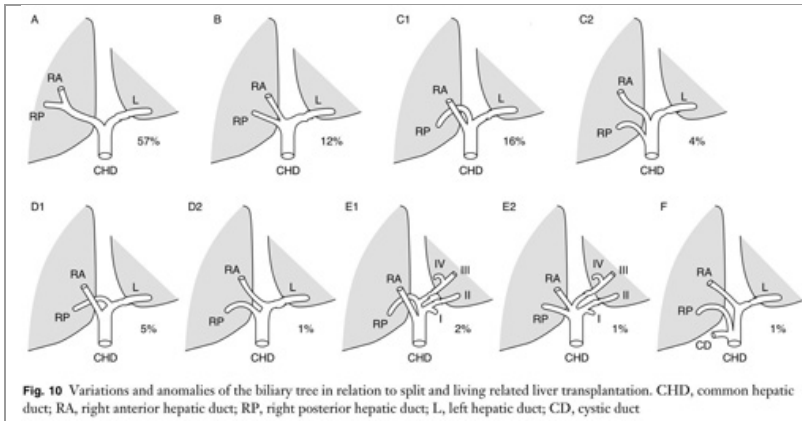
Click to Expand/Collapse

- Bile duct
- Hepatic artery
- Portal vein
- Other

Specify other structure injured:

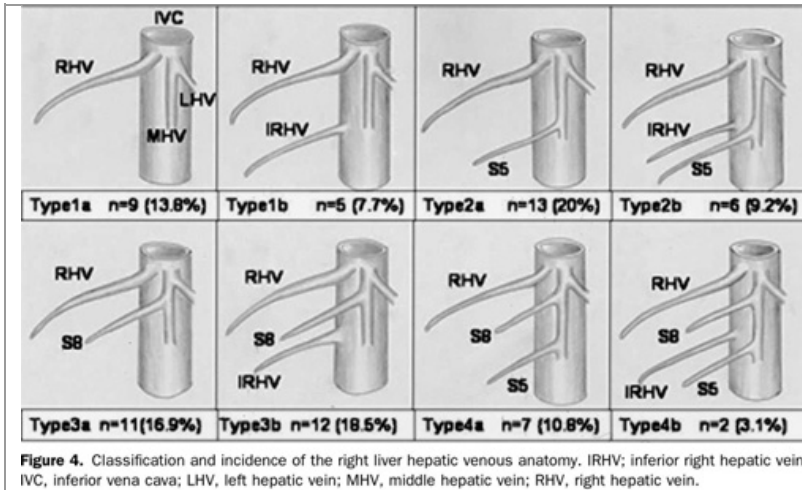
Cross clamp time (24-hour clock time):

Select the figure below that indicates the donor's biliary anatomy:



--

Select the figure below that indicates the donor's hepatic venous anatomy:



--

Right lobe graft hepatic venous anatomy: Select vein >5mm preserved for anastomosis:

--

1: Right hepatic vein including all segments

2: Right hepatic vein with separate segment 8

3: Right hepatic vein with segment 5 and 8 separate

- 4: Right hepatic vein with segment 6 separate
- 5: Other

Specify Other:



Left lobe graft hepatic venous anatomy:

-
- 1: Single orifice for segments 2, 3, 4
- 2: Single orifice for segments 2 and 3 with separate orifice for segment 4
- 3: Single orifice for segments 3 and 4 with separate orifice for segment 2
- 4: Other

D4



Specify Other:



Left lateral segment graft hepatic venous anatomy:

-
- 1: Single orifice for segments 2 and 3
- 2: Separate orifices for segment 2 and segment 3
- 3: Other

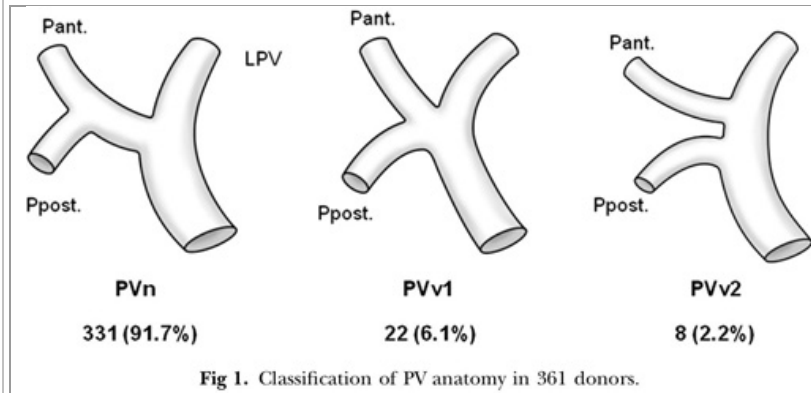
D5



Specify Other:



Select the figure below that indicates the donor's portal venous anatomy:



D6

-
- 1: PVn
- 2: PVv1
- 3: PVv2
- 4: Other

Select the figure below that indicates the donor's hepatic arterial anatomy:



D7

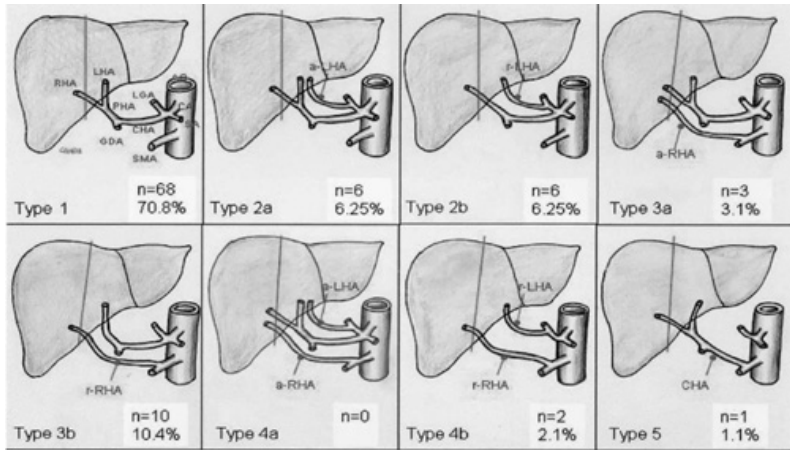


Figure 2. Classification and incidence of the hepatic artery anatomy. AO, aorta; CA, celiac axis; CHA, common hepatic artery; GDA, gastroduodenal artery; LGA, left gastric artery; LHA, left hepatic artery; PHA, proper hepatic artery; RHA, right hepatic artery; SA, splenic artery; SMA, superior mesenteric artery.

Does the arterial supply to segment 4 arise from the left hepatic artery or the right hepatic artery:

--

1: Left hepatic artery

2: Right hepatic artery

Questionnaire Completed

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.

This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC):

--

1: Yes

2: No



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Donor Complications

Site ID: 902

Subject ID : Name D3901 : TF5ZP3OE, RNCENly5

A1	ComplicationType: --		
A2	Date of onset: Month Day Year		
A3	Ongoing? -- 1: Yes 2: No		
A4	Date of resolution: Month Day Year		



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Hospitalization

Site ID: 902

Subject ID : Name D3901 : TF5ZP3OE, RNCENly5

A1	Date of Admission: Month Day Year	
A2	Date of Discharge: Month Day Year	
A3	Was this admission associated with a study-tracked post-donation complication? (If yes, fill out Complication CRF.) -- 1: Yes 2: No	
A4	Discharge Destination: -- 1: Home 2: Hospital-affiliated transitional residence 3: Transfer to another hospital 4: Rehabilitation facility 5: Nursing home 6: Other 7: N/A (patient died)	
A5	Number of days in ICU (enter "0" for none, leave blank if unknown):	
A6	Type of hospital: -- 1: A2ALL hospital 2: Non-A2ALL hospital	
A7	Type of hospital admission: -- 1: Liver donation operation 2: Post-donation complication 3: Post-donation other	
A8	(For post-donation complication or post-donation other) Primary discharge diagnosis (enter numeric ICD-9/10 diagnosis code):	



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HRQOL Only Donor Assessment

Site ID: 901

Subject ID : Name D3903 : Wq+ew51U, Dthxll9K

A1	<p>What was the date of this donor's pre-donation evaluation?</p> <p>Month Day Year</p>	
A2	<p>Donor state of permanent residence at the time of evaluation:</p> <p>--</p>	
A3	<p>Donor highest education level at time of evaluation:</p> <p>--</p> <p>1: None</p> <p>2: Grade School (0-8)</p> <p>3: High school (9-12)</p> <p>4: Attended college/Technical school</p> <p>5: Associate/Bachelor degree</p> <p>6: Post-college Graduate degree</p> <p>998: Unknown</p>	
A4	<p>Donor height at time of evaluation:</p> <p>Inches</p>	
A5	<p>Donor weight at time of evaluation:</p> <p>Pounds</p>	
A6	<p>Primary source of payment (may reflect recipient's medical coverage) at time of evaluation:</p> <p>--</p> <p>1: Medicare</p> <p>2: Medicaid</p> <p>3: US State/Govt Agency</p> <p>4: Private Insurance</p> <p>5: HMO/PPO</p> <p>6: Self</p> <p>7: Donation</p> <p>8: Free Care</p> <p>9: Dept. Veterans Affairs</p> <p>10: Pending</p> <p>11: Foreign Govt</p> <p>12: Other (specify)</p> <p>13: Canadian national health care</p> <p>998: Unknown</p>	
	<p>Specify "other" source of primary payment:</p>	

Questions in this section are to be answered for the one year post-donation time point unless otherwise specified.

		
B1	<p>Date of the assessment closest to 1-year post-donation:</p> <p>Month Day Year</p>	
B2	<p>Date of last face-to-face examination within the first year of donation:</p> <p>Month Day Year</p>	
B3	<p>Date of most recent face-to-face examination:</p> <p>Month Day Year</p>	
B4	<p>Donor weight:</p> <p>Pounds</p>	
B5	<p>Primary source of payment (may reflect recipient's medical coverage) at 1 year post donation assessment:</p> <p>--</p> <p>1: Medicare</p> <p>2: Medicaid</p> <p>3: US State/Govt Agency</p> <p>4: Private Insurance</p> <p>5: HMO/PPO</p> <p>6: Self</p> <p>7: Donation</p> <p>8: Free Care</p> <p>9: Dept. Veterans Affairs</p> <p>10: Pending</p> <p>11: Foreign Govt</p> <p>12: Other (specify)</p> <p>13: Canadian national health care</p> <p>998: Unknown</p>	
	<p>Specify "other" source of primary payment:</p>	
B6	<p>Has the patient been hospitalized in the first year since donation? (If yes, please fill out a hospitalization CRF for each hospitalization)</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
B7	<p>Has the patient experienced a complication in the first year since donation? (If yes, please fill out a complication CRF for each study tracked complication)</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
B8	<p>Donor medical condition at this assessment:</p> <p>--</p> <p>1: Patient in ICU</p> <p>2: Hospitalized, not in ICU</p> <p>3: In rehab facility</p> <p>4: Not hospitalized</p>	
	<p>Donor employment status at this assessment:</p> <p>--</p> <p>1: Working full time</p> <p>2: Working part time by choice</p> <p>3: Working part time due to disease</p> <p>4: Working part time reason unknown</p>	

B9

- 5: Not working by choice
- 6: Not working due to disease
- 7: Not working, unable to find employment
- 8: Not working, reason unknown
- 9: Retired
- 998: Employment status unknown

C1

Questionnaire Completed



Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.



This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC):

-
- 1: Yes
- 2: No





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HRQOL Only Donor Complication

Site ID: 902

Subject ID : Name D4852 : SXTMlcSe, FhSBLXLr

A1	Complication type: --	
	Specify other infection location:	
A2	Date of onset: Month Day Year	
A3	Was the patient hospitalized for treatment of this complication? -- 1: Yes 2: No	
	If yes, date of hospital admission: Month Day Year	
A4	Has the complication been resolved? -- 1: Yes 2: No	
	If yes, date of resolution: Month Day Year	
A5	Was it necessary to treat the complication with medications (other than immunosuppressive agents, analgesics, antipyretic, anti-inflammatory and antiemetic, drugs required for urinary retention or lower urinary tract infection, arterial hypertension, hyperlipidemia or transient hyperglycemia)? -- 1: Yes 2: No	
A6	Did the complication require a procedure or intervention? -- 1: Yes 2: No	
	If yes, type of intervention or procedure: --	
A7	Did the patient receive a blood transfusion associated with this complication? -- 1: Yes 2: No	

	If yes, number of units of blood transfused:	
A8	<p>Was the patient admitted to the ICU as a result of this complication?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
A9	<p>Was the patient required to stay in the hospital for 14 days or more or 5 or more ICU days as a result of this complication?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
A10	<p>Did the complication cause the patient to experience residual disability or disease?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
A11	<p>Did the complication result in liver complications that caused the patient to be listed as a candidate for liver transplant?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
	<p>If yes, date of listing:</p> <p>Month Day Year</p>	
A12	<p>Did the complication result in liver failure that led to transplantation?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
A13	<p>Did the patient die as a result of the complication?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	



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Post-Don Month 1 Assessment

Site ID: 902

Subject ID : Name D3901 : TF5ZP3OE, RNCENly5

A1	Date of contact: Month Day Year	
A2	What is the donor's current status? (if dead, skip to section C of this assessment then enter death information on subject page) -- 1: Alive 2: Dead 998: Unknown	
A3	Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.) -- 1: Yes 2: No	
A4	Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.) -- 1: Yes 2: No	
A5	Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.) -- 1: Yes 2: No	
A6	Donor medical condition at this assessment. -- 1: Patient in ICU 2: Hospitalized, not in ICU 3: In rehab facility 4: Not hospitalized	
A7	Donor on ventilator at this assessment? -- 1: Yes 2: No 998: Unknown	
B1	Donor weight at this assessment Pounds Not Done	
B2	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done	
	Serum aspartate aminotransferase (AST) at this assessment	

B3	IU/L	Not Done	
B4	Serum alkaline phosphatase (ALK) at this assessment		
	IU/L	Not Done	
B5	Total serum bilirubin at this assessment		
	mg/dl	Not Done	
B6	Blood Urea Nitrogen (BUN) at this assessment		
	mg/dl	Not Done	
B7	Serum creatinine at this assessment		
	mg/dl	Not Done	
B8	Total serum albumin at this assessment		
	g/dl	Not Done	
B9	INR at this assessment		
	INR Units	Not Done	
B10	White Blood Count at this assessment		
	$\times 10^3/\text{mm}^3$	Not Done	
B11	Hemoglobin (Hgb) at this assessment		
	g/dl	Not Done	
B12	Platelet count at this assessment		
	$\times 10^3/\text{mm}^3$	Not Done	
C1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC):		
	--		
	1: Yes		
	2: No		



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Post-Don Month 3 Assessment

Site ID: 902

Subject ID : Name D3901 : TF5ZP3OE, RNCENly5

A1	Date of contact: Month Day Year		
A2	What is the donor's current status? (if dead, skip to section D of this assessment then enter death information on subject page) -- 1: Alive 2: Dead 998: Unknown		
A3	Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.) -- 1: Yes 2: No		
A4	Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.) -- 1: Yes 2: No		
A5	Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.) -- 1: Yes 2: No		
B1	Donor weight at this assessment Pounds Not Done		
B2	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		
B3	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
B4	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		
B5	Total serum bilirubin at this assessment mg/dl Not Done		
B6	Total serum albumin at this assessment g/dl Not Done		
B7	INR at this assessment INR Units Not Done		
	White Blood Count at this assessment		

B8	x10 ³ /mm ³	Not Done	
B9	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
B10	Platelet count at this assessment x10 ³ /mm ³	Not Done	
C1	Liver volume (CT or MR): cc		
C2	Spleen Volume (CT or MR): cc		
D1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



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Post-Don Week 1 Assessment

Site ID: 902

Subject ID : Name D3901 : TF5ZP3OE, RNCENly5

A1	Date of contact: Month Day Year	
A2	What is the donor's current status? (if dead, skip to section C of this assessment then enter death information on subject page) -- 1: Alive 2: Dead 998: Unknown	
A3	Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.) -- 1: Yes 2: No	
A4	Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.) -- 1: Yes 2: No	
A5	Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.) -- 1: Yes 2: No	
A6	Donor medical condition at this assessment. -- 1: Patient in ICU 2: Hospitalized, not in ICU 3: In rehab facility 4: Not hospitalized	
A7	Donor on ventilator at this assessment? -- 1: Yes 2: No 998: Unknown	
B1	Donor weight at this assessment Pounds Not Done	
B2	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done	
	Serum aspartate aminotransferase (AST) at this assessment	

B3	IU/L	Not Done	
B4	Serum alkaline phosphatase (ALK) at this assessment		
	IU/L	Not Done	
B5	Total serum bilirubin at this assessment		
	mg/dl	Not Done	
B6	Blood Urea Nitrogen (BUN) at this assessment		
	mg/dl	Not Done	
B7	Serum creatinine at this assessment		
	mg/dl	Not Done	
B8	Total serum albumin at this assessment		
	g/dl	Not Done	
B9	INR at this assessment		
	INR Units	Not Done	
B10	White Blood Count at this assessment		
	$\times 10^3/\text{mm}^3$	Not Done	
B11	Hemoglobin (Hgb) at this assessment		
	g/dl	Not Done	
B12	Platelet count at this assessment		
	$\times 10^3/\text{mm}^3$	Not Done	
C1	Donor pain survey completed?		
	--		
	1: Yes		
	2: No		
	If yes, Date Completed:		
	Month Day Year		
	If yes, Date Transmitted to DCC:		
	Month Day Year		
	If no, why?		
	--		
	1: Sedation Score ≥ 3 at each attempt		
	2: Subject refused		
	3: Subject medical/emotional issues precluded survey administration		
	4: Administrative/staffing issues		
D1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC):		
	--		
	1: Yes		
	2: No		



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[Tasks](#)

Post-Don Year Assessment

Site ID: 902

Subject ID : Name D3901 : TF5ZP3OE, RNCENly5

A1	Date of contact: Month Day Year		
A2	What is the donor's current status? (if dead, skip to section C of this assessment then enter death information on subject page) -- 1: Alive 2: Dead 998: Unknown		
A3	Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.) -- 1: Yes 2: No		
A4	Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.) -- 1: Yes 2: No		
A5	Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.) -- 1: Yes 2: No		
B1	Donor weight at this assessment Pounds Not Done		
B2	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		
B3	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
B4	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		
B5	Total serum bilirubin at this assessment mg/dl Not Done		
B6	Total serum albumin at this assessment g/dl Not Done		
B7	INR at this assessment INR Units Not Done		
	White Blood Count at this assessment		

B8	x10 ³ /mm ³	Not Done	
B9	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
B10	Platelet count at this assessment x10 ³ /mm ³	Not Done	
C1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



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[Tasks](#)

Post-Txp Month 1 Assessment

Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

Date of contact:

A1

Month Day Year



What is the recipient's current status? (if dead, enter death information on subject page)

A2

-
- 1: Alive
- 2: Dead
- 998: Unknown



What is the status of the liver graft? (if failed, enter retransplant date and cause of graft failure on subject page)

A3

-
- 1: Functional
- 2: Failed
- 3: Unknown



Did the patient have a biopsy performed since the last assessment? (if yes, fill out biopsy report CRF)

A4

-
- 1: Yes
- 2: No



Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.)

A5

-
- 1: Yes
- 2: No



Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.)

A6

-
- 1: Yes
- 2: No



Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.)

A7

-
- 1: Yes
- 2: No



Recipient medical condition at this assessment.

A8











-
- 1: Patient in ICU
- 2: Hospitalized, not in ICU
- 3: In rehab facility
- 4: Not hospitalized



Recipient on ventilator at this assessment?



A9	-- 1: Yes 2: No 998: Unknown		
A10	<p>What was the immunosuppression regimen in place during this assessment? (Check all that apply)</p> <p><input type="checkbox"/> Click to Expand/Collapse</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prednisone (or oral equivalent) <input type="checkbox"/> Methylprednisolone (or IV equivalent) <input type="checkbox"/> Cyclosporine (Neoral, Gengraf or any other formulation) <input type="checkbox"/> Tacrolimus (Prograf) <input type="checkbox"/> Rapamycin <input type="checkbox"/> Certican (RAD) <input type="checkbox"/> Azathioprine (Imuran or generic) <input type="checkbox"/> Mycophenolate mofetil (Cellcept or generic) <input type="checkbox"/> Enteric-coated mycophenolic (Myfortic or generic) <input type="checkbox"/> Other immunosuppression (specify) 		
	Specify "other" immunosuppression:		
A11	<p>Did the patient have a rejection episode that was confirmed by a biopsy since the last assessment?</p> <p>-- 1: Yes 2: No</p>		
	If yes, how many biopsy-proven rejection episodes has the patient had since the last assessment?		
A12	<p>Recipient on dialysis at this assessment?</p> <p>-- 1: No 2: Hemodialysis/CVVHD 3: Peritoneal Dialysis 4: Dialysis - Unknown Type 998: Unknown</p>		
B1	<p>Recipient weight at this assessment</p> <p>Pounds Not Done</p>		
B2	<p>Serum alanine aminotransferase (ALT) at this assessment</p> <p>IU/L Not Done</p>		
B3	<p>Serum aspartate aminotransferase (AST) at this assessment</p> <p>IU/L Not Done</p>		
B4	<p>Serum alkaline phosphatase (ALK) at this assessment</p> <p>IU/L Not Done</p>		
B5	<p>Total serum bilirubin at this assessment</p> <p>mg/dl Not Done</p>		
B6	<p>Serum sodium at this assessment</p> <p>MEq/L Not Done</p>		
B7	<p>Serum creatinine at this assessment</p> <p>mg/dl Not Done</p>		
B8	<p>Total serum albumin at this assessment</p> <p>g/dl Not Done</p>		
B9	<p>INR at this assessment</p> <p>INR Units Not Done</p>		

B10	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done	
B11	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
B12	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done	
B13	Platelet count at this assessment $\times 10^3/\text{mm}^3$	Not Done	
B14	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs	Not Done	
B15	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
C1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



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[Tasks](#)








Post-Txp Month 3 Assessment

Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

A1	Date of contact: Month Day Year	
A2	What is the recipient's current status? (if dead, enter death information on subject page) -- 1: Alive 2: Dead 998: Unknown	
A3	What is the status of the liver graft? (if failed, enter retransplant date and cause of graft failure on subject page) -- 1: Functional 2: Failed 3: Unknown	
A4	Did the patient have a biopsy performed since the last assessment? (if yes, fill out biopsy report CRF) -- 1: Yes 2: No	
A5	Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.) -- 1: Yes 2: No	
A6	Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.) -- 1: Yes 2: No	
A7	Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.) -- 1: Yes 2: No	
A8	Recipient medical condition at this assessment. -- 1: Patient in ICU 2: Hospitalized, not in ICU 3: In rehab facility 4: Not hospitalized	
	Recipient on ventilator at this assessment?	

A9	-- 1: Yes 2: No 998: Unknown		
A10	<p>What was the immunosuppression regimen in place during this assessment? (Check all that apply)</p> <p><input type="checkbox"/> Click to Expand/Collapse</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prednisone (or oral equivalent) <input type="checkbox"/> Methylprednisolone (or IV equivalent) <input type="checkbox"/> Cyclosporine (Neoral, Gengraf or any other formulation) <input type="checkbox"/> Tacrolimus (Prograf) <input type="checkbox"/> Rapamycin <input type="checkbox"/> Certican (RAD) <input type="checkbox"/> Azathioprine (Imuran or generic) <input type="checkbox"/> Mycophenolate mofetil (Cellcept or generic) <input type="checkbox"/> Enteric-coated mycophenolic (Myfortic or generic) <input type="checkbox"/> Other immunosuppression (specify) 		
	Specify "other" immunosuppression:		
A11	<p>Did the patient have a rejection episode that was confirmed by a biopsy since the last assessment?</p> <p>-- 1: Yes 2: No</p>		
	If yes, how many biopsy-proven rejection episodes has the patient had since the last assessment?		
A12	<p>Recipient on dialysis at this assessment?</p> <p>-- 1: No 2: Hemodialysis/CVVHD 3: Peritoneal Dialysis 4: Dialysis - Unknown Type 998: Unknown</p>		
B1	<p>Recipient weight at this assessment</p> <p>Pounds Not Done</p>		
B2	<p>Serum alanine aminotransferase (ALT) at this assessment</p> <p>IU/L Not Done</p>		
B3	<p>Serum aspartate aminotransferase (AST) at this assessment</p> <p>IU/L Not Done</p>		
B4	<p>Serum alkaline phosphatase (ALK) at this assessment</p> <p>IU/L Not Done</p>		
B5	<p>Total serum bilirubin at this assessment</p> <p>mg/dl Not Done</p>		
B6	<p>Serum creatinine at this assessment</p> <p>mg/dl Not Done</p>		
B7	<p>Total serum albumin at this assessment</p> <p>g/dl Not Done</p>		
B8	<p>INR at this assessment</p> <p>INR Units Not Done</p>		
B9	<p>Hemoglobin (Hgb) at this assessment</p> <p>g/dl Not Done</p>		

B10	White blood count (WBC) at this assessment x10 ³ /mm ³	Not Done	
B11	Platelet count at this assessment x10 ³ /mm ³	Not Done	
C1	Liver volume (CT or MR): cc		
C2	Spleen Volume (CT or MR): cc		
D1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



Site Name: Test902 (902)

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Post-Txp Week 1 Assessment

Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

Date of contact:

A1

Month Day Year



What is the recipient's current status? (if dead, enter death information on subject page)

A2

 --
 1: Alive
 2: Dead
 998: Unknown


What is the status of the liver graft? (if failed, enter retransplant date and cause of graft failure on subject page)

A3

 --
 1: Functional
 2: Failed
 3: Unknown


Did the patient have a biopsy performed since the last assessment? (if yes, fill out biopsy report CRF)

A4

 --
 1: Yes
 2: No


Has the patient been re-hospitalized since the transplant procedure? (If so, fill out Hospitalization CRF.)

A5

 --
 1: Yes
 2: No


Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.)

A6

 --
 1: Yes
 2: No


Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.)

A7

 --
 1: Yes
 2: No


Recipient medical condition at this assessment.


















A8



















 --
 1: Patient in ICU
 2: Hospitalized, not in ICU
 3: In rehab facility
 4: Not hospitalized


Recipient on ventilator at this assessment?




















A9	<p>--</p> <p>1: Yes</p> <p>2: No</p> <p>998: Unknown</p>	
A10	<p>What was the immunosuppression regimen in place during this assessment? (Check all that apply)</p> <p><input type="checkbox"/> Click to Expand/Collapse</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prednisone (or oral equivalent) <input type="checkbox"/> Methylprednisolone (or IV equivalent) <input type="checkbox"/> Cyclosporine (Neoral, Gengraf or any other formulation) <input type="checkbox"/> Tacrolimus (Prograf) <input type="checkbox"/> Rapamycin <input type="checkbox"/> Certican (RAD) <input type="checkbox"/> Azathioprine (Imuran or generic) <input type="checkbox"/> Mycophenolate mofetil (Cellcept or generic) <input type="checkbox"/> Enteric-coated mycophenolic (Myfortic or generic) <input type="checkbox"/> Other immunosuppression (specify) 	
	<p>Specify "other" immunosuppression:</p>	
A11	<p>Did the patient have a rejection episode that was confirmed by a biopsy since the last assessment?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
	<p>If yes, how many biopsy-proven rejection episodes has the patient had since the last assessment?</p>	
A12	<p>Recipient on dialysis at this assessment?</p> <p>--</p> <p>1: No</p> <p>2: Hemodialysis/CVVHD</p> <p>3: Peritoneal Dialysis</p> <p>4: Dialysis - Unknown Type</p> <p>998: Unknown</p>	
B1	<p>Was portal vein flow modulation performed after the recipient transplant operation?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
B2	<p>Was the patient returned to the operating room for a splenectomy?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
B3	<p>Was the patient returned to the operating room for splenic artery ligation?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
B4	<p>Was the patient returned to the operating room for portocaval shunt?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
	<p>Shunt size:</p> <p style="text-align: center;">mm</p>	
	<p>Shunt material:</p>	


















	-- 1: Cryopreserved vessel 2: Native portal vein 3: Fresh homologous vessel 4: Fresh autologous vessel 5: PTFE conduit		
B5	Was the patient returned to the operating room for collateral vein ligation? -- 1: Yes 2: No		
B6	Was medical modulation started for the first time post-operatively? Answer "No" if it was started during the original transplant operation. -- 1: Yes 2: No		
	If yes, what medical modulation was used? (check all that apply) <input type="checkbox"/> ... <ul style="list-style-type: none"> <input type="checkbox"/> Octreotide <input type="checkbox"/> Propanolol <input type="checkbox"/> Vasopressin 		
	Specify "other" medical modulation:		
C1	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		
C2	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
C3	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		
C4	Total serum bilirubin at this assessment mg/dl Not Done		
C5	Serum sodium at this assessment MEq/L Not Done		
C6	Serum creatinine at this assessment mg/dl Not Done		
C7	Total serum albumin at this assessment g/dl Not Done		
C8	INR at this assessment INR Units Not Done		
C9	Blood Urea Nitrogen (BUN) at this assessment mg/dl Not Done		
C10	Hemoglobin (Hgb) at this assessment g/dl Not Done		
C11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$ Not Done		
C12	Platelet count at this assessment $\times 10^3/\text{mm}^3$ Not Done		
C13	Did the patient have a drain in place at this assessment? --		















	1: Yes 2: No		
	Drain output at this assessment L/24 hrs Not Done		
C14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
D1	Ultrasound Doppler: Post-op day 1 portal velocity: cm/sec		
E1	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		
E2	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
E3	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		
E4	Total serum bilirubin at this assessment mg/dl Not Done		
E5	Serum sodium at this assessment MEq/L Not Done		
E6	Serum creatinine at this assessment mg/dl Not Done		
E7	Total serum albumin at this assessment g/dl Not Done		
E8	INR at this assessment INR Units Not Done		
E9	Blood Urea Nitrogen (BUN) at this assessment mg/dl Not Done		
E10	Hemoglobin (Hgb) at this assessment g/dl Not Done		
E11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$ Not Done		
E12	Platelet count at this assessment $\times 10^3/\text{mm}^3$ Not Done		
E13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs Not Done		
	Degree of hepatic encephalopathy: --		

E14	<p>0: None</p> <p>1: Subject intubated/sedated - unable to assess</p> <p>2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction</p> <p>3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior.</p> <p>4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation.</p> <p>5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli).</p> <p>6: Subject is not in hospital - unable to assess</p>		
F1	<p>Serum alanine aminotransferase (ALT) at this assessment</p> <p>IU/L Not Done</p>		
F2	<p>Serum aspartate aminotransferase (AST) at this assessment</p> <p>IU/L Not Done</p>		
F3	<p>Serum alkaline phosphatase (ALK) at this assessment</p> <p>IU/L Not Done</p>		
F4	<p>Total serum bilirubin at this assessment</p> <p>mg/dl Not Done</p>		
F5	<p>Serum sodium at this assessment</p> <p>MEq/L Not Done</p>		
F6	<p>Serum creatinine at this assessment</p> <p>mg/dl Not Done</p>		
F7	<p>Total serum albumin at this assessment</p> <p>g/dl Not Done</p>		
F8	<p>INR at this assessment</p> <p>INR Units Not Done</p>		
F9	<p>Blood Urea Nitrogen (BUN) at this assessment</p> <p>mg/dl Not Done</p>		
F10	<p>Hemoglobin (Hgb) at this assessment</p> <p>g/dl Not Done</p>		
F11	<p>White blood count (WBC) at this assessment</p> <p>$\times 10^3/\text{mm}^3$ Not Done</p>		
F12	<p>Platelet count at this assessment</p> <p>$\times 10^3/\text{mm}^3$ Not Done</p>		
F13	<p>Did the patient have a drain in place at this assessment?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>		
	<p>Drain output at this assessment</p> <p>L/24 hrs Not Done</p>		
F14	<p>Degree of hepatic encephalopathy:</p> <p>--</p> <p>0: None</p> <p>1: Subject intubated/sedated - unable to assess</p> <p>2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction</p> <p>3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior.</p> <p>4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation.</p> <p>5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli).</p> <p>6: Subject is not in hospital - unable to assess</p>		
	<p>Were Day 4 Labs Done?</p> <p>--</p>		

	Yes	No	
G1	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		
G2	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
G3	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		
G4	Total serum bilirubin at this assessment mg/dl Not Done		
G5	Serum sodium at this assessment MEq/L Not Done		
G6	Serum creatinine at this assessment mg/dl Not Done		
G7	Total serum albumin at this assessment g/dl Not Done		
G8	INR at this assessment INR Units Not Done		
G9	Blood Urea Nitrogen (BUN) at this assessment mg/dl Not Done		
G10	Hemoglobin (Hgb) at this assessment g/dl Not Done		
G11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$ Not Done		
G12	Platelet count at this assessment $\times 10^3/\text{mm}^3$ Not Done		
G13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs Not Done		
G14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
	Were Day 5 Labs Done? -- Yes No		
H1	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		

H2	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
H3	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		
H4	Total serum bilirubin at this assessment mg/dl Not Done		
H5	Serum sodium at this assessment MEq/L Not Done		
H6	Serum creatinine at this assessment mg/dl Not Done		
H7	Total serum albumin at this assessment g/dl Not Done		
H8	INR at this assessment INR Units Not Done		
H9	Blood Urea Nitrogen (BUN) at this assessment mg/dl Not Done		
H10	Hemoglobin (Hgb) at this assessment g/dl Not Done		
H11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$ Not Done		
H12	Platelet count at this assessment $\times 10^3/\text{mm}^3$ Not Done		
H13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs Not Done		
H14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
	Were Day 6 Labs Done? -- Yes No		
I1	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		
I2	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
I3	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		

I4	Total serum bilirubin at this assessment mg/dl	Not Done		
I5	Serum sodium at this assessment MEq/L	Not Done		
I6	Serum creatinine at this assessment mg/dl	Not Done		
I7	Total serum albumin at this assessment g/dl	Not Done		
I8	INR at this assessment INR Units	Not Done		
I9	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done		
I10	Hemoglobin (Hgb) at this assessment g/dl	Not Done		
I11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done		
I12	Platelet count at this assessment $\times 10^3/\text{mm}^3$	Not Done		
I13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No			
	Drain output at this assessment L/24 hrs	Not Done		
I14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess			
J1	Recipient weight at this assessment Pounds	Not Done		
J2	Serum alanine aminotransferase (ALT) at this assessment IU/L	Not Done		
J3	Serum aspartate aminotransferase (AST) at this assessment IU/L	Not Done		
J4	Serum alkaline phosphatase (ALK) at this assessment IU/L	Not Done		
J5	Total serum bilirubin at this assessment mg/dl	Not Done		
J6	Serum sodium at this assessment MEq/L	Not Done		
J7	Serum creatinine at this assessment mg/dl	Not Done		

J8	Total serum albumin at this assessment g/dl	Not Done		
J9	INR at this assessment INR Units	Not Done		
J10	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done		
J11	Hemoglobin (Hgb) at this assessment g/dl	Not Done		
J12	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done		
J13	Platelet count at this assessment $\times 10^3/\text{mm}^3$	Not Done		
J14	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No			
	Drain output at this assessment L/24 hrs	Not Done		
J15	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess			
J16	In the opinion of the PI, did the subject have small for size syndrome (SFSS)? -- 1: Yes 2: No			
J17	If the subject had SFSS, did the subject also have any of the following vascular and/or biliary complications: 1. Thrombosis or stenosis of the portal vein, hepatic artery, and/or the hepatic vein 2. Bile leak and/or stricture -- 1: Yes 2: No			
K1	Questionnaire Completed			
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.			
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No			



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[Tasks](#)
Post-Txp Week 2 Assessment
Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

Date of contact:

A1

Month Day Year



What is the recipient's current status? (if dead, enter death information on subject page)

A2

--

1: Alive

2: Dead

998: Unknown



What is the status of the liver graft? (if failed, enter retransplant date and cause of graft failure on subject page)

A3

--

1: Functional

2: Failed

3: Unknown



Did the patient have a biopsy performed since the last assessment? (if yes, fill out biopsy report CRF)

A4

--

1: Yes

2: No



Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.)

A5

--

1: Yes

2: No



Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.)

A6

--

1: Yes

2: No



Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.)

A7

--

1: Yes

2: No



Recipient medical condition at this assessment.

A8

--

1: Patient in ICU

2: Hospitalized, not in ICU

3: In rehab facility



















4: Not hospitalized







































Recipient on ventilator at this assessment?






































A9	<p>--</p> <p>1: Yes</p> <p>2: No</p> <p>998: Unknown</p>	
A10	<p>What was the immunosuppression regimen in place during this assessment? (Check all that apply)</p> <p><input type="checkbox"/> Click to Expand/Collapse</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prednisone (or oral equivalent) <input type="checkbox"/> Methylprednisolone (or IV equivalent) <input type="checkbox"/> Cyclosporine (Neoral, Gengraf or any other formulation) <input type="checkbox"/> Tacrolimus (Prograf) <input type="checkbox"/> Rapamycin <input type="checkbox"/> Certican (RAD) <input type="checkbox"/> Azathioprine (Imuran or generic) <input type="checkbox"/> Mycophenolate mofetil (Cellcept or generic) <input type="checkbox"/> Enteric-coated mycophenolic (Myfortic or generic) <input type="checkbox"/> Other immunosuppression (specify) 	
	<p>Specify "other" immunosuppression:</p>	
A11	<p>Did the patient have a rejection episode that was confirmed by a biopsy since the last assessment?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
	<p>If yes, how many biopsy-proven rejection episodes has the patient had since the last assessment?</p>	
A12	<p>Recipient on dialysis at this assessment?</p> <p>--</p> <p>1: No</p> <p>2: Hemodialysis/CVVHD</p> <p>3: Peritoneal Dialysis</p> <p>4: Dialysis - Unknown Type</p> <p>998: Unknown</p>	
A13	<p>Was HCC an incidental finding on the explant pathology form?</p> <p>--</p> <p>1: Yes (complete HCC Explant CRF)</p> <p>2: No</p> <p>3: Not Applicable (subject had pre-transplant HCC diagnosis, complete HCC Explant CRF)</p>	
	<p>Were Day 8 Labs Done?</p> <p>--</p> <p>Yes</p> <p>No</p>	
B1	<p>Serum alanine aminotransferase (ALT) at this assessment</p> <p>IU/L Not Done</p>	
B2	<p>Serum aspartate aminotransferase (AST) at this assessment</p> <p>IU/L Not Done</p>	
B3	<p>Serum alkaline phosphatase (ALK) at this assessment</p> <p>IU/L Not Done</p>	
B4	<p>Total serum bilirubin at this assessment</p> <p>mg/dl Not Done</p>	
B5	<p>Serum sodium at this assessment</p> <p>MEq/L Not Done</p>	

B6	Serum creatinine at this assessment mg/dl	Not Done	
B7	Total serum albumin at this assessment g/dl	Not Done	
B8	INR at this assessment INR Units	Not Done	
B9	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done	
B10	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
B11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done	
B12	Platelet count at this assessment $\times 10^3/\text{mm}^3$	Not Done	
B13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs	Not Done	
B14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
	Were Day 9 Labs Done? -- Yes No		
C1	Serum alanine aminotransferase (ALT) at this assessment IU/L	Not Done	
C2	Serum aspartate aminotransferase (AST) at this assessment IU/L	Not Done	
C3	Serum alkaline phosphatase (ALK) at this assessment IU/L	Not Done	
C4	Total serum bilirubin at this assessment mg/dl	Not Done	
C5	Serum sodium at this assessment MEq/L	Not Done	
C6	Serum creatinine at this assessment mg/dl	Not Done	
C7	Total serum albumin at this assessment g/dl	Not Done	

C8	INR at this assessment INR Units	Not Done	
C9	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done	
C10	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
C11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done	
C12	Platelet count at this assessment $\times 10^3/\text{mm}^3$	Not Done	
C13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs	Not Done	
C14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
	Were Day 10 Labs Done? -- Yes No		
D1	Serum alanine aminotransferase (ALT) at this assessment IU/L	Not Done	
D2	Serum aspartate aminotransferase (AST) at this assessment IU/L	Not Done	
D3	Serum alkaline phosphatase (ALK) at this assessment IU/L	Not Done	
D4	Total serum bilirubin at this assessment mg/dl	Not Done	
D5	Serum sodium at this assessment MEq/L	Not Done	
D6	Serum creatinine at this assessment mg/dl	Not Done	
D7	Total serum albumin at this assessment g/dl	Not Done	
D8	INR at this assessment INR Units	Not Done	
D9	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done	

D10	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
D11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done	
D12	Platelet count at this assessment $\times 10^3/\text{mm}^3$	Not Done	
D13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs	Not Done	
D14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
	Were Day 11 Labs Done? -- Yes No		
E1	Serum alanine aminotransferase (ALT) at this assessment IU/L	Not Done	
E2	Serum aspartate aminotransferase (AST) at this assessment IU/L	Not Done	
E3	Serum alkaline phosphatase (ALK) at this assessment IU/L	Not Done	
E4	Total serum bilirubin at this assessment mg/dl	Not Done	
E5	Serum sodium at this assessment MEq/L	Not Done	
E6	Serum creatinine at this assessment mg/dl	Not Done	
E7	Total serum albumin at this assessment g/dl	Not Done	
E8	INR at this assessment INR Units	Not Done	
E9	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done	
E10	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
E11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done	

E12	Platelet count at this assessment x10 ³ /mm ³ Not Done		
E13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs Not Done		
E14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
	Were Day 12 Labs Done? -- Yes No		
F1	Serum alanine aminotransferase (ALT) at this assessment IU/L Not Done		
F2	Serum aspartate aminotransferase (AST) at this assessment IU/L Not Done		
F3	Serum alkaline phosphatase (ALK) at this assessment IU/L Not Done		
F4	Total serum bilirubin at this assessment mg/dl Not Done		
F5	Serum sodium at this assessment MEq/L Not Done		
F6	Serum creatinine at this assessment mg/dl Not Done		
F7	Total serum albumin at this assessment g/dl Not Done		
F8	INR at this assessment INR Units Not Done		
F9	Blood Urea Nitrogen (BUN) at this assessment mg/dl Not Done		
F10	Hemoglobin (Hgb) at this assessment g/dl Not Done		
F11	White blood count (WBC) at this assessment x10 ³ /mm ³ Not Done		
F12	Platelet count at this assessment x10 ³ /mm ³ Not Done		
F13	Did the patient have a drain in place at this assessment? -- 1: Yes		

	2: No		
	Drain output at this assessment L/24 hrs	Not Done	
F14	Degree of hepatic encephalopathy: -- 0: None 1: Subject intubated/sedated - unable to assess 2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction 3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior. 4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation. 5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli). 6: Subject is not in hospital - unable to assess		
	Were Day 13 Labs Done? -- Yes No		
G1	Serum alanine aminotransferase (ALT) at this assessment IU/L	Not Done	
G2	Serum aspartate aminotransferase (AST) at this assessment IU/L	Not Done	
G3	Serum alkaline phosphatase (ALK) at this assessment IU/L	Not Done	
G4	Total serum bilirubin at this assessment mg/dl	Not Done	
G5	Serum sodium at this assessment MEq/L	Not Done	
G6	Serum creatinine at this assessment mg/dl	Not Done	
G7	Total serum albumin at this assessment g/dl	Not Done	
G8	INR at this assessment INR Units	Not Done	
G9	Blood Urea Nitrogen (BUN) at this assessment mg/dl	Not Done	
G10	Hemoglobin (Hgb) at this assessment g/dl	Not Done	
G11	White blood count (WBC) at this assessment $\times 10^3/\text{mm}^3$	Not Done	
G12	Platelet count at this assessment $\times 10^3/\text{mm}^3$	Not Done	
G13	Did the patient have a drain in place at this assessment? -- 1: Yes 2: No		
	Drain output at this assessment L/24 hrs	Not Done	
	Degree of hepatic encephalopathy:		

G14	<p>--</p> <p>0: None</p> <p>1: Subject intubated/sedated - unable to assess</p> <p>2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction</p> <p>3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior.</p> <p>4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation.</p> <p>5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli).</p> <p>6: Subject is not in hospital - unable to assess</p>	
H1	<p>Recipient weight at this assessment</p> <p>Pounds Not Done</p>	
H2	<p>Serum alanine aminotransferase (ALT) at this assessment</p> <p>IU/L Not Done</p>	
H3	<p>Serum aspartate aminotransferase (AST) at this assessment</p> <p>IU/L Not Done</p>	
H4	<p>Serum alkaline phosphatase (ALK) at this assessment</p> <p>IU/L Not Done</p>	
H5	<p>Total serum bilirubin at this assessment</p> <p>mg/dl Not Done</p>	
H6	<p>Serum sodium at this assessment</p> <p>MEq/L Not Done</p>	
H7	<p>Serum creatinine at this assessment</p> <p>mg/dl Not Done</p>	
H8	<p>Total serum albumin at this assessment</p> <p>g/dl Not Done</p>	
H9	<p>INR at this assessment</p> <p>INR Units Not Done</p>	
H10	<p>Blood Urea Nitrogen (BUN) at this assessment</p> <p>mg/dl Not Done</p>	
H11	<p>Hemoglobin (Hgb) at this assessment</p> <p>g/dl Not Done</p>	
H12	<p>White blood count (WBC) at this assessment</p> <p>$\times 10^3/\text{mm}^3$ Not Done</p>	
H13	<p>Platelet count at this assessment</p> <p>$\times 10^3/\text{mm}^3$ Not Done</p>	
H14	<p>Did the patient have a drain in place at this assessment?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
	<p>Drain output at this assessment</p> <p>L/24 hrs Not Done</p>	
H15	<p>Degree of hepatic encephalopathy:</p> <p>--</p> <p>0: None</p> <p>1: Subject intubated/sedated - unable to assess</p> <p>2: Grade 1 - Trivial lack of awareness; Euphoria or anxiety; shortened attention span; impaired performance of addition or subtraction</p> <p>3: Grade 2 - Lethargy or apathy; minimal disorientation for time or place; subtle personality change; inappropriate behavior.</p> <p>4: Grade 3 - Somnolence to semistupor, but responsive to verbal stimuli; confusion; gross disorientation.</p>	

5: Grade 4 - Coma (unresponsive to verbal or noxious stimuli).

6: Subject is not in hospital - unable to assess

11

Questionnaire Completed



Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.



This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC):

--

1: Yes

2: No





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[Tasks](#)






Post-Txp Year Assessment

Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

A1	Date of contact: Month Day Year	
A2	What is the recipient's current status? (if dead, enter death information on subject page) -- 1: Alive 2: Dead 998: Unknown	
A3	What is the status of the liver graft? (if failed, enter retransplant date and cause of graft failure on subject page) -- 1: Functional 2: Failed 3: Unknown	
A4	Did the patient have a biopsy performed since the last assessment? (if yes, fill out biopsy report CRF) -- 1: Yes 2: No	
A5	Has the patient been hospitalized since the last assessment? (If yes, fill out Hospitalization CRF.) -- 1: Yes 2: No	
A6	Has the patient experienced a study-tracked complication since the last assessment? (If yes, fill out Complication CRF.) -- 1: Yes 2: No	
A7	Has the patient experienced an SAE since the last assessment? (If yes, fill out SAE CRF.) -- 1: Yes 2: No	
A8	Recipient medical condition at this assessment. -- 1: Patient in ICU 2: Hospitalized, not in ICU 3: In rehab facility 4: Not hospitalized	
	Recipient on ventilator at this assessment?	

A9	<p>--</p> <p>1: Yes</p> <p>2: No</p> <p>998: Unknown</p>	
A10	<p>What was the immunosuppression regimen in place during this assessment? (Check all that apply)</p> <p><input type="checkbox"/> Click to Expand/Collapse</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prednisone (or oral equivalent) <input type="checkbox"/> Methylprednisolone (or IV equivalent) <input type="checkbox"/> Cyclosporine (Neoral, Gengraf or any other formulation) <input type="checkbox"/> Tacrolimus (Prograf) <input type="checkbox"/> Rapamycin <input type="checkbox"/> Certican (RAD) <input type="checkbox"/> Azathioprine (Imuran or generic) <input type="checkbox"/> Mycophenolate mofetil (Cellcept or generic) <input type="checkbox"/> Enteric-coated mycophenolic (Myfortic or generic) <input type="checkbox"/> Other immunosuppression (specify) 	
	<p>Specify "other" immunosuppression:</p>	
A11	<p>Did the patient have a rejection episode that was confirmed by a biopsy since the last assessment?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
	<p>If yes, how many biopsy-proven rejection episodes has the patient had since the last assessment?</p>	
A12	<p>Recipient on dialysis at this assessment?</p> <p>--</p> <p>1: No</p> <p>2: Hemodialysis/CVVHD</p> <p>3: Peritoneal Dialysis</p> <p>4: Dialysis - Unknown Type</p> <p>998: Unknown</p>	
B1	<p>Recipient weight at this assessment</p> <p>Pounds Not Done</p>	
B2	<p>Serum alanine aminotransferase (ALT) at this assessment</p> <p>IU/L Not Done</p>	
B3	<p>Serum aspartate aminotransferase (AST) at this assessment</p> <p>IU/L Not Done</p>	
B4	<p>Serum alkaline phosphatase (ALK) at this assessment</p> <p>IU/L Not Done</p>	
B5	<p>Total serum bilirubin at this assessment</p> <p>mg/dl Not Done</p>	
B6	<p>Serum creatinine at this assessment</p> <p>mg/dl Not Done</p>	
B7	<p>Total serum albumin at this assessment</p> <p>g/dl Not Done</p>	
B8	<p>INR at this assessment</p> <p>INR Units Not Done</p>	
B9	<p>Hemoglobin (Hgb) at this assessment</p> <p>g/dl Not Done</p>	

B10	White blood count (WBC) at this assessment x10 ³ /mm ³ Not Done	
B11	Platelet count at this assessment x10 ³ /mm ³ Not Done	
C1	Questionnaire Completed	
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.	
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No	



Site Name: Test902 (902)

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[Tasks](#)

RCP Intraop

Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

Date of transplant surgery:

A1

Month Day Year



Please complete a hospitalization CRF for the transplant admission.



Recipient on ventilator at this assessment?

B1

--

1: Yes

2: No



Recipient on dialysis at transplant?

B2

--

1: Yes

2: No



Recipient weight closest to the time of transplant

B3

Pounds



Serum alanine aminotransferase (ALT) closest to the time of transplant

B4

IU/L

Not Done



Serum aspartate aminotransferase (AST) closest to the time of transplant

B5

IU/L

Not Done



Serum alkaline phosphatase (ALK) closest to the time of transplant

B6

IU/L

Not Done



Total bilirubin closest to the time of transplant

B7

mg/dl

Not Done



Serum creatinine closest to the time of transplant

B8

mg/dl

Not Done



Albumin closest to the time of transplant

B9

g/dl

Not Done



INR closest to the time of transplant

B10

INR Units

Not Done



Serum sodium closest to the time of transplant

B11

mEq/L

Not Done



Blood urea nitrogen (BUN) closest to the time of transplant

B12

mg/dl

Not Done



















Hemoglobin (Hgb) closest to the time of transplant

B13

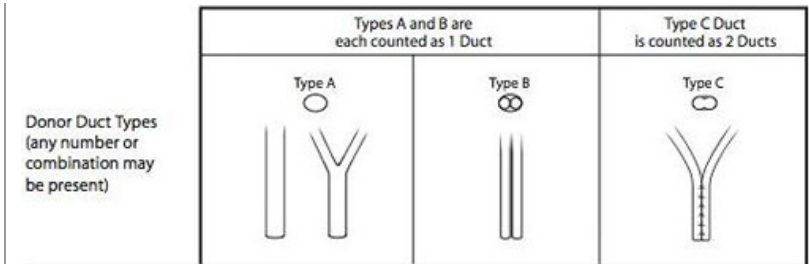
g/dl

Not Done



B14	White blood count (WBC) closest to the time of transplant x10 ³ /mm ³ Not Done		
B15	Platelet count closest to the time of transplant x10 ³ /mm ³ Not Done		
C1	Donor height closest to the time of donation: Inches		
C2	Donor weight closest to the time of donation: Pounds		
C3	Was the transplant procedure aborted before completion? (if no, go to question C-4) -- 1: Yes 2: No		
	If yes to procedure abortion, why was the procedure aborted? (Check all that apply) <input type="checkbox"/> Click to Expand/Collapse <ul style="list-style-type: none"> <input type="checkbox"/> Quality of donor liver <input type="checkbox"/> Insufficient liver mass <input type="checkbox"/> Technical difficulties in the donor <input type="checkbox"/> Donor instability <input type="checkbox"/> Unexpected medical findings in the recipient <input type="checkbox"/> Recipient instability <input type="checkbox"/> Recipient death on table <input type="checkbox"/> Other 		
	Specify "other" reason for procedure abortion:		
C4	Graft type: --		
C5	What was the weight of the graft? gm		
C6	Cross clamp time (24-hour clock time):		
C7	Out of ice time (24-hour clock time):		
C8	Portal reperfusion time (24-hour clock time):		
C9	Arterial reperfusion time (24-hour clock time):		
C10	Were any of the following medications used during the transplant procedure (intraoperatively or immediately post-operatively): Octreotide, Propanolol, or Vasopressin? -- 1: Yes 2: No		
	If yes, which medications were used (check all that apply)? <input type="checkbox"/> Click to Expand/Collapse <ul style="list-style-type: none"> <input type="checkbox"/> Octreotide <input type="checkbox"/> Propanolol <input type="checkbox"/> Vasopressin 		
	Choose the biliary reconstruction from the choices on the figure below:		

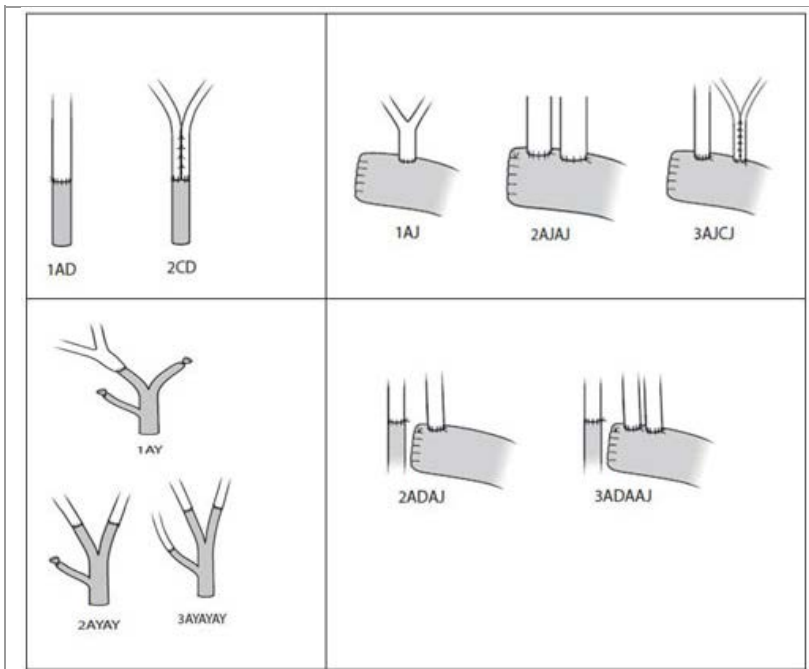
D1



-
- 1: Type A
 - 2: Type B
 - 3: Type C
 - 4: More than 2 ducts

D2

Choose the biliary reconstruction type according to the figure below:



D3

Was an accessory duct oversewn?

-
- 1: Yes
 - 2: No

D4

Was a stent used in the reconstruction?

-
- 1: Yes
 - 2: No

Hepatic venous reconstruction

D5

Was there back table ligation of any segmental veins?

-
- 1: Yes
 - 2: No

D6

Was the middle hepatic vein included?

--

Right lobe graft hepatic venous reconstruction (only answered if Right lobe graft):

D7	<p>--</p> <p>1: Right vein includes all segments and anastomosed to vena cava</p> <p>2: Right vein anastomosed to vena cava and v6 anastomosed separately</p> <p>3: Right vein anastomosed to vena cava plus V8 anastomosed to vena cava without interposition</p> <p>4: Right vein anastomosed to vena cava plus V8 anastomosed to vena cava with interposition</p> <p>5: Right vein anastomosed to vena cava plus V5 anastomosed to vena cava with interposition</p> <p>6: Right vein anastomosed to vena cava plus V5 and V8 anastomosed to vena cava with interposition</p> <p>7: V5, V6, V7, V8 anastomosed separately with interposition for V5 and V8</p>	
	<p>If yes to interposition graft, indicate the type of conduit used:</p> <p>--</p> <p>1: Cryopreserved vessel</p> <p>2: Fresh homologous vessel</p> <p>3: Fresh autologous vessel</p> <p>4: PTFE conduit</p>	
D8	<p>Left lobe graft hepatic venous reconstruction (only answered if Left lobe graft):</p> <p>--</p> <p>1: Common orifice left and middle hepatic vein to recipient vena cava</p> <p>2: Common orifice left and middle hepatic vein to recipient common orifice of left and middle hepatic vein</p> <p>3: Separate implantation of left hepatic vein and middle hepatic vein to recipient vena cava</p>	
D9	<p>Left lateral segment graft hepatic venous reconstruction (only answered if Left lateral segment graft):</p> <p>--</p> <p>1: Left hepatic vein to recipient vena cava</p> <p>2: Left hepatic vein to recipient common orifice of left and middle hepatic vein</p>	
	<p>Portal Venous Reconstruction (All Grafts):</p>	
D10	<p>Portal venous reconstruction:</p> <p>--</p> <p>1: End-to-end</p> <p>2: Interposition graft</p>	
	<p>If yes to portal vein interposition graft, type of conduit used:</p> <p>--</p> <p>1: Cryopreserved vessel</p> <p>2: Fresh homologous vessel</p> <p>3: Fresh autologous vessel</p> <p>4: PTFE conduit</p>	
	<p>Hepatic Artery Reconstruction (All Grafts):</p>	
D11	<p>Number of hepatic arteries reconstructed:</p> <p>--</p> <p>1: 1</p> <p>2: 2</p> <p>3: More than 2</p>	
	<p>Portal Vein Flow Modulation Information:</p>	
E1	<p>Was surgical intraoperative portal vein flow modulation done? (if no skip to question E-6, otherwise please answer questions for each modulation procedure listed below)</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
	<p>Was a splenectomy performed?</p> <p>--</p>	

- E2
- 1: Yes - before reperfusion
 - 2: Yes - after reperfusion
 - 3: No

If yes, why was the modulation done? (check all that apply)

- ...
- Graft size
 - Portal pressure
 - Portal gradient
 - Portal flow
 - Arterial flow



Was a splenic artery ligation performed?

--

- E3
- 1: Yes - before reperfusion
 - 2: Yes - after reperfusion
 - 3: No

If yes, why was the modulation done? (check all that apply)

- ...
- Graft size
 - Portal pressure
 - Portal gradient
 - Portal flow
 - Arterial flow



Was a portocaval shunt done?

--

- E4
- 1: Yes - before reperfusion
 - 2: Yes - after reperfusion
 - 3: No

Shunt size:

mm



Shunt material:

--

- 1: Cryopreserved vessel
- 2: Native portal vein
- 3: Fresh homologous vessel
- 4: Fresh autologous vessel
- 5: PTFE conduit



If yes, why was the modulation done? (check all that apply)

- ...
- Graft size
 - Portal pressure
 - Portal gradient
 - Portal flow
 - Arterial flow



Was a collateral vein ligated as a portal vein flow modulation?

--

- E5
- 1: Yes - before reperfusion
 - 2: Yes - after reperfusion
 - 3: No

If yes, why was the modulation done? (check all that apply)

- ...
- Graft size



Portal pressure
 Portal gradient
 Portal flow
 Arterial flow

Pressure and Flow Measurements:

Document the flows and pressures below. Measurements should be performed in the native liver prior to removing the graft and then repeated after graft reperfusion. Flow measurements should be repeated after any portal flow modulation.

Native Liver Prior to Recipient Hepatectomy

Hepatic artery flow (native liver):

E6

--
 Measured
 Measured, not confident
 Not measured

Mean: _____ ml/min

Minimum: _____ ml/min

Maximum: _____ ml/min

Portal vein flow (native liver):

E7

--
 Measured
 Measured, not confident
 Not measured

Mean: _____ ml/min

Minimum: _____ ml/min

Maximum: _____ ml/min

E8

Clamped portal vein pressure (native liver):

1: mmHg Not Done

E9

Unclamped portal vein pressure (native liver):

1: mmHg Not Done

E10

Mean arterial pressure (native liver):

_____ mmHg

E11

Central venous pressure (native liver):

_____ mmHg

E12

Cardiac output (native liver):

_____ L/min Not Done

Graft Immediately After Reperfusion

E14

Was any portal vein flow modulation done prior to reperfusion?

















--
 1: Yes
 2: No

Hepatic artery flow (after graft reperfusion):










--

E 15	Measured Measured, not confident Not measured		
	Mean: ml/min		
	Minimum: ml/min		
	Maximum: ml/min		
E 16	Portal vein flow (after graft reperfusion): -- Measured Measured, not confident Not measured		
	Mean: ml/min		
	Minimum: ml/min		
	Maximum: ml/min		
E 17	Clamped portal vein pressure (after graft reperfusion): 1: mmHg Not Done		
E 18	Unclamped portal vein pressure (after graft reperfusion): 1: mmHg Not Done		
E 19	Mean arterial pressure (after graft reperfusion): mmHg		
E 20	Central venous pressure (after graft reperfusion): mmHg		
E 21	Cardiac output (after graft reperfusion): L/min Not Done		
E 22	Were any post-reperfusion portal vein modulations performed? -- 1: Yes 2: No		
	If yes, how many post-reperfusion portal vein modulations were performed? (Please fill out the pressure and flow measurements for each modulation.) -- 1 2 3 4		
	After Post-Reperfusion Portal Vein Flow Modulation #1		
E 23	Type of portal vein modulation performed: -- 1: Medical modulation 2: Splenic artery ligation 3: Collateral vein ligation 4: Portocaval shunt		

	5: Splenectomy		
E24	Hepatic artery flow (after modulation 1): -- Measured Measured, not confident Not measured		
	Mean: ml/min		
	Minimum: ml/min		
	Maximum: ml/min		
E25	Portal vein flow (after modulation 1): -- Measured Measured, not confident Not measured		
	Mean: ml/min		
	Minimum: ml/min		
	Maximum: ml/min		
E26	Clamped portal vein pressure (after modulation 1): 1: mmHg Not Done		
E27	Unclamped portal vein pressure (after modulation 1): 1: mmHg Not Done		
E28	Mean arterial pressure (after modulation 1): mmHg		
E29	Central venous pressure (after modulation 1): mmHg		
E30	Cardiac output (after modulation 1): L/min Not Done		
	After Post-Reperfusion Portal Vein Flow Modulation #2		
E31	Type of portal vein modulation performed: -- 1: Medical modulation 2: Splenic artery ligation 3: Collateral vein ligation 4: Portocaval shunt 5: Splenectomy		
E32	Hepatic artery flow (after modulation 2): -- Measured Measured, not confident Not measured		
	Mean:		

	ml/min		
	Minimum:	ml/min	
	Maximum:	ml/min	
E33	Portal vein flow (after modulation 2):		
	--		
	Measured		
	Measured, not confident		
	Not measured		
	Mean:	ml/min	
	Minimum:	ml/min	
	Maximum:	ml/min	
E34	Clamped portal vein pressure (after modulation 2):		
	1: mmHg	Not Done	
E35	Unclamped portal vein pressure (after modulation 2):		
	1: mmHg	Not Done	
E36	Mean arterial pressure (after modulation 2):		
	mmHg		
E37	Central venous pressure (after modulation 2):		
	mmHg		
E38	Cardiac output (after modulation 2):		
	L/min	Not Done	
	After Post-Reperfusion Portal Vein Flow Modulation #3		
E39	Type of portal vein modulation performed:		
	--		
	1: Medical modulation		
	2: Splenic artery ligation		
	3: Collateral vein ligation		
	4: Portocaval shunt		
	5: Splenectomy		
E40	Hepatic artery flow (after modulation 3):		
	--		
	Measured		
	Measured, not confident		
	Not measured		
	Mean:	ml/min	
	Minimum:	ml/min	
	Maximum:	ml/min	
	Portal vein flow (after modulation 3):		
	--		

E41	Measured Measured, not confident Not measured		
	Mean: ml/min		
	Minimum: ml/min		
	Maximum: ml/min		
E42	Clamped portal vein pressure (after modulation 3): 1: mmHg Not Done		
E43	Unclamped portal vein pressure (after modulation 3): 1: mmHg Not Done		
E44	Mean arterial pressure (after modulation 3): mmHg		
E45	Central venous pressure (after modulation 3): mmHg		
E46	Cardiac output (after modulation 3): L/min Not Done		
	After Post-Reperfusion Portal Vein Flow Modulation #4		
E47	Type of portal vein modulation performed: -- 1: Medical modulation 2: Splenic artery ligation 3: Collateral vein ligation 4: Portocaval shunt 5: Splenectomy		
E48	Hepatic artery flow (after modulation 4): -- Measured Measured, not confident Not measured		
	Mean: ml/min		
	Minimum: ml/min		
	Maximum: ml/min		
E49	Portal vein flow (after modulation 4): -- Measured Measured, not confident Not measured		
	Mean: ml/min		
	Minimum: ml/min		

	Maximum: ml/min		
E50	Clamped portal vein pressure (after modulation 4): 1: mmHg Not Done		
E51	Unclamped portal vein pressure (after modulation 4): 1: mmHg Not Done		
E52	Mean arterial pressure (after modulation 4): mmHg		
E53	Central venous pressure (after modulation 4): mmHg		
E54	Cardiac output (after modulation 4): L/min Not Done		
F1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



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[Tasks](#)

RCP Study Entry Information

Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

A1	Is recipient ranked as status 1 at time of enrollment? -- 1: Yes 2: No	
A2	Recipient height at enrollment Inches	
A3	Recipient weight at enrollment Pounds	
A4	Recipient HIV results closest to date of enrollment -- 1: Positive 2: Negative 3: Cannot Disclose 998: Unknown	
A5	Recipient Diagnoses: Please answer for each diagnosis.	
	Hepatitis C Virus Cirrhosis (HCV) -- 1: Yes 2: No	
	Hepatocellular Carcinoma (HCC) -- 1: Yes 2: No	
	Primary Hepatic Malignancy other than HCC -- 1: Yes 2: No	
	Alcohol-related Cirrhosis -- 1: Yes 2: No	
	Cryptogenic Cirrhosis -- 1: Yes 2: No	

	PBC -- 1: Yes 2: No		
	PSC -- 1: Yes 2: No		
	Cirrhosis due to Autoimmune Hepatitis -- 1: Yes 2: No		
	Hepatitis B Cirrhosis -- 1: Yes 2: No		
	Cirrhosis due to Primary Hemochromatosis -- 1: Yes 2: No		
	Acute Liver Failure (any etiology) -- 1: Yes 2: No		
	Metabolic Liver Disease other than Primary Hemochromatosis -- 1: Yes 2: No		
	Other Chronic Liver Disease/Cirrhosis -- 1: Yes 2: No		
A6	Recipient on dialysis at the time of enrollment -- 1: Yes 2: No		
B1	Recipient serum creatinine closest to time of enrollment mg/dl Not Done		
B2	Recipient serum albumin closest to time of enrollment g/dl Not Done		
B3	Recipient total bilirubin closest to time of enrollment mg/dl Not Done		
B4	Recipient INR closest to time of enrollment INR Units Not Done		
B5	Serum AST closest to time of enrollment IU/L Not Done		
B6	Serum ALT closest to time of enrollment IU/L Not Done		

B7	Serum Alkaline Phosphatase (ALK) closest to time of enrollment IU/L Not Done		
B8	Serum sodium closest to time of enrollment MEq/L Not Done		
B9	Blood urea nitrogen (BUN) closest to time of enrollment mg/dl Not Done		
B10	Hemoglobin (Hgb) closest to time of enrollment g/dl Not Done		
B11	White blood count (WBC) closest to time of enrollment $\times 10^3/\text{mm}^3$ Not Done		
B12	Platelet count closest to time of enrollment $\times 10^3/\text{mm}^3$ Not Done		
C1	Date of imaging Month Day Year		
C2	Liver volume (CT or MR): cc		
C3	Spleen Volume (CT or MR): cc		
D1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



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[Tasks](#)

Recipient Complications

Site ID: 901

Subject ID : Name R5273 : xZHt/O88, 9HqtH1vf

A1	ComplicationType: --		
A2	Date of onset: Month Day Year		
A3	Ongoing? -- 1: Yes 2: No		
A4	Date of resolution: Month Day Year		



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[Tasks](#)

HCC Explant Assessment

Site ID: 902

Subject ID : Name R4614 : 5aVOttwz, Ppkx9Qw9

What did the HCC explant assessment reveal?

--

- A1
- 1: Confirmation of pre-liver transplant HCC Diagnosis
 - 2: HCC was not present
 - 3: Incidental (not known pre-transplant) HCC found



HCC location

--

- A2
- 1: Right lobe only
 - 2: Left lobe only
 - 3: Bilobar



Number of HCC nodules in the liver

--

- A3
- 1: 1
 - 2: 2
 - 3: 3
 - 4: 4
 - 5: 5
 - 6: 6+



Describe Nodule 1



Size of Nodule 1

cm

A4



Was there tumor invasion into vascular structures?

--

- A5
- 1: No
 - 2: Micro invasion: micrometer tumor invasion into the portal or hepatic vein
 - 3: Macro invasion: millimeter tumor invasion into the portal or hepatic vein
 - 998: Unknown/not assessed



Tumor grade

--

- A6
- 1: G1: well-differentiated
 - 2: G2: moderately differentiated
 - 3: G3: poorly differentiated
 - 998: Unknown/not assessed
























What level of mitosis was observed on microscopic analysis?










--




- A7
- 1: < 10 HPF



	2: >= 10 HPF 998: Unknown		
A8	Proportion of tumor necrosis -- 1: 0% 2: 1%-25% 3: 26%-50% 4: 51%-75% 5: 76%-100% 998: Unknown		
	Describe Nodule 2		
A9	Size of Nodule 2 cm		
A10	Was there tumor invasion into vascular structures? -- 1: No 2: Micro invasion: micrometer tumor invasion into the portal or hepatic vein 3: Macro invasion: millimeter tumor invasion into the portal or hepatic vein 998: Unknown/not assessed		
A11	Tumor grade -- 1: G1: well-differentiated 2: G2: moderately differentiated 3: G3: poorly differentiated 998: Unknown/not assessed		
A12	What level of mitosis was observed on microscopic analysis? -- 1: < 10 HPF 2: >= 10 HPF 998: Unknown		
A13	Proportion of tumor necrosis -- 1: 0% 2: 1%-25% 3: 26%-50% 4: 51%-75% 5: 76%-100% 998: Unknown		
	Describe Nodule 3		
A14	Size of Nodule 3 cm		
A15	Was there tumor invasion into vascular structures? -- 1: No 2: Micro invasion: micrometer tumor invasion into the portal or hepatic vein 3: Macro invasion: millimeter tumor invasion into the portal or hepatic vein 998: Unknown/not assessed		
	Tumor grade --		

A16	<p>1: G1: well-differentiated</p> <p>2: G2: moderately differentiated</p> <p>3: G3: poorly differentiated</p> <p>998: Unknown/not assessed</p>	
A17	<p>What level of mitosis was observed on microscopic analysis?</p> <p>--</p> <p>1: < 10 HPF</p> <p>2: >= 10 HPF</p> <p>998: Unknown</p>	
A18	<p>Proportion of tumor necrosis</p> <p>--</p> <p>1: 0%</p> <p>2: 1%-25%</p> <p>3: 26%-50%</p> <p>4: 51%-75%</p> <p>5: 76%-100%</p> <p>998: Unknown</p>	
	Describe Nodule 4	
A19	<p>Size of Nodule 4</p> <p>cm</p>	
A20	<p>Was there tumor invasion into vascular structures?</p> <p>--</p> <p>1: No</p> <p>2: Micro invasion: micrometer tumor invasion into the portal or hepatic vein</p> <p>3: Macro invasion: millimeter tumor invasion into the portal or hepatic vein</p> <p>998: Unknown/not assessed</p>	
A21	<p>Tumor grade</p> <p>--</p> <p>1: G1: well-differentiated</p> <p>2: G2: moderately differentiated</p> <p>3: G3: poorly differentiated</p> <p>998: Unknown/not assessed</p>	
A22	<p>What level of mitosis was observed on microscopic analysis?</p> <p>--</p> <p>1: < 10 HPF</p> <p>2: >= 10 HPF</p> <p>998: Unknown</p>	
A23	<p>Proportion of tumor necrosis</p> <p>--</p> <p>1: 0%</p> <p>2: 1%-25%</p> <p>3: 26%-50%</p> <p>4: 51%-75%</p> <p>5: 76%-100%</p> <p>998: Unknown</p>	
	Describe Nodule 5	
A24	<p>Size of Nodule 5</p> <p>cm</p>	

A25	<p>Was there tumor invasion into vascular structures?</p> <p>--</p> <p>1: No</p> <p>2: Micro invasion: micrometer tumor invasion into the portal or hepatic vein</p> <p>3: Macro invasion: millimeter tumor invasion into the portal or hepatic vein</p> <p>998: Unknown/not assessed</p>	
A26	<p>Tumor grade</p> <p>--</p> <p>1: G1: well-differentiated</p> <p>2: G2: moderately differentiated</p> <p>3: G3: poorly differentiated</p> <p>998: Unknown/not assessed</p>	
A27	<p>What level of mitosis was observed on microscopic analysis?</p> <p>--</p> <p>1: < 10 HPF</p> <p>2: >= 10 HPF</p> <p>998: Unknown</p>	
A28	<p>Proportion of tumor necrosis</p> <p>--</p> <p>1: 0%</p> <p>2: 1%-25%</p> <p>3: 26%-50%</p> <p>4: 51%-75%</p> <p>5: 76%-100%</p> <p>998: Unknown</p>	
	<p>Describe Nodule 6</p>	
A29	<p>Size of Nodule 6</p> <p>cm</p>	
A30	<p>Was there tumor invasion into vascular structures?</p> <p>--</p> <p>1: No</p> <p>2: Micro invasion: micrometer tumor invasion into the portal or hepatic vein</p> <p>3: Macro invasion: millimeter tumor invasion into the portal or hepatic vein</p> <p>998: Unknown/not assessed</p>	
A31	<p>Tumor grade</p> <p>--</p> <p>1: G1: well-differentiated</p> <p>2: G2: moderately differentiated</p> <p>3: G3: poorly differentiated</p> <p>998: Unknown/not assessed</p>	
A32	<p>What level of mitosis was observed on microscopic analysis?</p> <p>--</p> <p>1: < 10 HPF</p> <p>2: >= 10 HPF</p> <p>998: Unknown</p>	
A33	<p>Proportion of tumor necrosis</p> <p>--</p> <p>1: 0%</p> <p>2: 1%-25%</p> <p>3: 26%-50%</p>	

	4: 51%-75%	
	5: 76%-100%	
	998: Unknown	
B1	Questionnaire Completed	
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.	
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No	



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[Tasks](#)

Hospitalization

Site ID: 902

Subject ID : Name R4162 : iL4dsBSO, q/EMkcDe

A1	Date of Admission: Month Day Year	
A2	Date of Discharge: Month Day Year	
A3	Was this admission associated with a study-tracked post-transplant complication? (If yes, fill out Complication CRF.) -- 1: Yes 2: No	
A4	Discharge Destination: -- 1: Home 2: Hospital-affiliated transitional residence 3: Transfer to another hospital 4: Rehabilitation facility 5: Nursing home 6: Other 7: N/A (patient died)	
A5	Number of days in ICU (enter "0" for none, leave blank if unknown):	
A6	Type of hospital: -- 1: A2ALL hospital 2: Non-A2ALL hospital	
A7	Type of hospital admission: --	
A8	Discharge diagnosis (enter discharge numeric ICD-9/10 diagnosis code):	



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[Tasks](#)

HCV Advanced Disease Assessment

Site ID: 901

Subject ID : Name R4914 : kVPSi+uf, 9HqtH1vf

Date of advanced disease assessment

A1

Month Day Year



Is liver histology available from an explant (if retransplanted) or autopsy (if patient died)?

A2

--

1: Yes

2: No



If yes, please enter the date of the explant or autopsy. Please provide a copy of de-identified (labeled with A2ALL ID) explant path or autopsy report.

Month Day Year



Fibrosis scoring method on biopsy from explant/autopsy:

--

1: Ishak

2: Knodell

3: Ludwig-Batts

4: Metavir

5: Scheuer

98: Unknown scoring system

99: Not Done



Fibrosis score on biopsy from explant/autopsy: (Ishak)

--



Fibrosis score on biopsy from explant/autopsy: (Knodell,Ludwig-Batts,Metavir,Scheuer)

--



Cholestatic hepatitis present?

--

1: Yes

2: No



Clinical Complications of Portal Hypertension (Note: all non-liver causes such as vascular or renal are to be excluded)


 Ascites requiring diuretics occurring \geq 6 months post-LT (note: if ascites developed earlier than 6 months but persisted to or beyond 6 months, use date of initial onset as "date of onset")

A3

--

1: Yes

















2: No














If yes, ascites onset date:

Month Day Year



A4	<p>Encephalopathy requiring treatment occurring \geq 6 months post-LT (note: if encephalopathy developed earlier than 6 months but persisted to and beyond 6 months, use date of initial onset as "date of onset")</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
<p>If yes, encephalopathy onset date:</p> <p>Month Day Year</p>		
A5	<p>Varices grade \geq 2 documented on EGD, present \geq 6 months post-LT</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
<p>If yes, varices onset date:</p> <p>Month Day Year</p>		
<p>Persistent laboratory evidence of liver dysfunction (persistent is defined as: \geq 2 measurements at least 4 weeks apart) 6 months or more post-LT (Note: must exclude other explanations for lab abnormalities such as biliary strictures, nephrotic syndrome, Coumadin use, chronic rejection)</p>		
A6	<p>Bilirubin \geq 2 mg/dl</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
<p>Bilirubin value 1</p> <p>mg/dl</p>		
<p>Bilirubin Date 1:</p> <p>Month Day Year</p>		
<p>Bilirubin value 2</p> <p>mg/dl</p>		
<p>Bilirubin date 2:</p> <p>Month Day Year</p>		
A7	<p>Albumin \leq 3.5 g/dl</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
<p>Albumin value 1</p> <p>g/dl</p>		
<p>Albumin date 1:</p> <p>Month Day Year</p>		
<p>Albumin value 2</p> <p>g/dl</p>		
<p>Albumin date 2:</p> <p>Month Day Year</p>		
A8	<p>INR \geq 1.7</p> <p>--</p> <p>1: Yes</p>	

	2: No		
	INR value 1		
	INR date 1: Month Day Year		
	INR value 2		
	INR date 2: Month Day Year		
A9	Other criteria used in making diagnosis of cirrhosis or advanced fibrosis		
A10	Investigator's assessment: Does this patient meet criteria for advanced liver disease due to recurrent HCV? (This is the most important question.) -- 1: Yes 2: No		
	If yes, give approximate date of achieving advanced liver disease: Month Day Year		
A11	Investigator who reviewed this form:		
B1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



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[Tasks](#)

Post-TXP BX Results

Site ID: 901

Subject ID : Name R4914 : kVPSi+uf, 9HqtH1vf

Date of Biopsy:

A1

Month Day Year



Reason(s) for Biopsy (check all that apply)

A2

- R/O HCV Recurrence
- R/O Rejection
- Abnormal LFTs
- Routine
- HCV Protocol



For HCV protocol biopsies, what was the route of the biopsy?

A3

-
- 1: Transabdominal
- 2: Transjugular



If transjugular, hepatic venous pressure gradient:

1: mmHg Not Done



Diagnosis (check all that apply) (if HCV, indicate Ishak stage below, if rejection, indicate severity below)

A4

- HCV
- Rejection - Acute
- Rejection - Chronic
- CMV Hepatitis
- Acute Hepatitis Not Specified
- Chronic Hepatitis Not Specified
- Ischemic Hepatitis
- Biliary Obstruction
- Cholestasis Not Specified
- NASH/NAFLD
- Normal
- Other



Specify "other" diagnosis:



If HCV, indicate the fibrosis stage

-
- Ishak stage 0 – No Fibrosis
- Ishak stage 1 – Fibrosis expansion of some portal areas, with or without short fibrous septa
- Ishak stage 2 – Fibrous expansion of most portal areas, with or without short fibrous septa
- Ishak stage 3 – Fibrous expansion of most portal areas with occasional portal to portal (p-p) bridging



Ishak stage 4 – Fibrous expansion of portal areas, with marked bridging (p-p) as well as portal to central (p-c)

Ishak stage 5 – Marked bridging (p-p and/or p-c) with occasional nodules (incomplete cirrhosis)

Ishak stage 6 – Cirrhosis; probable or definite

No cirrhosis – As determined by alternative scoring system (e.g., METAVIR, Ludwig, Knodell or Scheuer <4) or specific notation on the biopsy path report that there is no cirrhosis

Cirrhosis – As determined by alternative scoring system (e.g., METAVIR, Ludwig, Knodell or Scheuer =4) or specific notation on the biopsy path report that cirrhosis is present

Not available

If Rejection, what was the severity?

--

1: Mild

2: Moderate

3: Severe

4: Not noted





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[Tasks](#)

HCV Study Information

Site ID: 901

Subject ID : Name R4914 : kVPSi+uf, 9HqtH1vf

Date of cirrhosis assessment

A1

Month Day Year



Did the patient receive HCV treatment post-LT?

A2

--

1: Yes

2: No



If yes, how many courses of HCV treatment did the patient receive?

--

1: 1 only

2: >1



Start date of most recent course of treatment

Month Day Year



End date of most recent course of treatment

Month Day Year



Drugs used for most recent treatment (check all that apply)


 PegInterferon

 Ribavirin

 Direct acting antiviral (DAA)

 Other (specify)


Specify "other" drug



If treated, did the patient achieve SVR (undetectable HCV RNA 6 months after stopping treatment)?

--

1: Yes

2: No

998: Unknown



If yes, date of HCV RNA confirming SVR:

Month Day Year















Was the patient ever treated for rejection with pulsed steroids and/or antibodies?















A3

--

1: Yes



	2: No		
	If yes, how many times? -- 1: 1 2: >1		
	Start date of first rejection treatment: Month Day Year		
A4	Was the patient ever treated for post-transplant CMV viremia? -- 1: Yes 2: No		
	If yes, date of initial CMV viremia treatment: Month Day Year		
A5	Did the patient develop any biliary complications? -- 1: Yes 2: No		
	If yes, initial biliary complication type -- 1: Biliary leak 2: Biliary stricture 3: Simultaneous leak and stricture		
	If yes, date of initial biliary complication Month Day Year		
B1	Weight closest to the time of cirrhosis assessment Pounds		
B2	Treated diabetes present at the time of cirrhosis assessment? -- 1: Yes 2: No 998: Unknown		
B3	What was the immunosuppression regimen in place at the time of cirrhosis assessment? (Check all that apply) <input type="checkbox"/> Click to Expand/Collapse Prednisone (or oral equivalent) Methylprednisolone (or IV equivalent) Cyclosporine (Neoral, Gengraf or any other formulation) Tacrolimus (Prograf) Rapamycin Certican (RAD) Azathioprine (Imuran or generic) Mycophenolate mofetil (Cellcept or generic) Enteric-coated mycophenolic (Myfortic or generic) Other immunosuppression (specify)		
	Specify "other" immunosuppression:		
	Was the patient's HCV RNA closest to cirrhosis assessment detectable? --		

C1	1: Yes 2: No 998: Unknown		
	Date of HCV RNA closest to cirrhosis assessment Month Day Year		
C2	Serum alanine aminotransferase (ALT) closest to cirrhosis assessment IU/L Not Done		
C3	Serum aspartate aminotransferase (AST) closest to cirrhosis assessment IU/L Not Done		
C4	Serum alkaline phosphatase (ALK) closest to cirrhosis assessment IU/L Not Done		
C5	Total bilirubin closest to cirrhosis assessment mg/dl Not Done		
C6	Serum creatinine closest to cirrhosis assessment mg/dl Not Done		
C7	Albumin closest to cirrhosis assessment g/dl Not Done		
C8	INR closest to cirrhosis assessment INR Units Not Done		
C9	Hemoglobin (Hgb) closest to cirrhosis assessment g/dl Not Done		
C10	White blood count (WBC) closest to cirrhosis assessment $\times 10^3/\text{mm}^3$ Not Done		
C11	Platelet count closest cirrhosis assessment $\times 10^3/\text{mm}^3$ Not Done		
D1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		



Print

The A2ALL Coordinating Center recommends that you print a copy of the questionnaire you just completed. Click the printer icon to view the questionnaire.



[Tasks](#)

HCV Study Subject Flow

Site ID: 901

Subject ID : Name R4914 : kVPSi+uf, 9HqtH1vf

Did the recipient receive any pre-transplant HCV treatment?

A1

-
- 1: Yes
- 2: No



If yes, did the recipient achieve SVR (non-detectable HCV RNA at least six months after end of treatment)?

-
- 1: Yes
- 2: No



If yes, date of SVR:

Month Day Year



Was the recipient co-infected with hepatitis B virus (HBsAg-positive) or with HIV before transplant?

A2

-
- 1: Yes
- 2: No



Did the recipient receive a graft from an HCV-infected donor?

A3

-
- 1: Yes
- 2: No



Was the recipient one of the first 20 LDLT recipients at this transplant center?

A4

-
- 1: Yes
- 2: No



Was the recipient retransplanted less than 90 days after receiving the index transplant?

A5

-
- 1: Yes
- 2: No



Did the recipient die less than 90 days after transplant?

A6

-
- 1: Yes
- 2: No










Is subject alive with index graft?

B1

-
- 1: Yes
- 2: No



Does subject have evidence of cirrhosis?

B2	<p>--</p> <p>1: Yes</p> <p>2: No</p>	
<p>If yes, source of evidence indicating cirrhosis (if Biopsy findings checked, please fill out a biopsy report CRF)</p> <p>--</p> <p>Biopsy findings</p> <p>Clinical evidence</p>		
B3	<p>Has the subject had a biopsy within the past 12 months? (if yes, please fill out a biopsy report CRF)</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
B4	<p>Will the subject undergo the ≥ 3 year protocol biopsy? (If yes, please fill out a biopsy report CRF)</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
<p>If no, reason for not performing liver biopsy</p> <p>--</p> <p>Subject did not consent</p> <p>Coagulopathy or thrombocytopenia precluding safe biopsy</p> <p>Other condition precluding safe biopsy</p> <p>Achieved SVR after post-LT HCV treatment</p>		
B5	<p>Is transient elastography available for this patient?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
B6	<p>Has the subject been retransplanted?</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
<p>If yes, date of retransplant:</p> <p>Month Day Year</p>		
B7	<p>Did the subject die? (If yes, please enter date on subject information screen.)</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>	
C1	<p>Questionnaire Completed</p>	
<p>Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.</p>		
<p>This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC):</p> <p>--</p> <p>1: Yes</p> <p>2: No</p>		



Site Name: Test902 (902)

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[Tasks](#)

HCV Transient Elastography Report

Site ID: 902

Subject ID : Name R4613 : Vee, HC

 A1 Liver stiffness measurement
-- Not Done

 A2 Date of transient elastography:
Month Day Year


B1 Questionnaire Completed



Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.



This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC):



--

1: Yes

2: No



Print

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[Tasks](#)









HCV Transplant Information

Site ID: 901

Subject ID : Name R4914 : kVPSi+uf, 9HqtH1vf

A1	Recipient height Inches		
A2	Recipient weight at transplant Pounds		
A3	Did the recipient have a diagnosis of HCC before transplant? -- 1: Yes 2: No		
A4	Was the recipient on dialysis at the time of transplant? -- 1: Yes 2: No		
B1	UNOS Donor ID		
B2	Donor age years		
B3	Donor gender -- 1: Male 2: Female		
B4	Donor Ethnicity -- 1: Hispanic/Latino 2: Non-Hispanic/Non-Latino 9: Unknown		
B5	Donor Race -- 1: America Indian or Alaskan Native 2: Asian (includes Indian, subcontinent) 3: Black or African American 4: Native Hawaiian or Other Pacific Islander 5: White (includes Middle Eastern) 6: Multi-Racial, not specified 9: Unknown		
	Donor type --		

B6	1: DDLT 2: LDLT	
B7	If DDLT, what was the donor's cause of death? -- 1: Anoxia 2: Cerebrovascular/stroke 3: Head trauma 4: CNS Tumor 999: Other	
B8	If DDLT, was this a DCD (Donation after Cardiac Death) donor? -- 1: Yes 2: No	
B9	If DDLT, what was the graft type? -- 1: Whole liver 2: Split liver	
B10	if LDLT, what was the graft type? -- 1: Right lobe 2: Left lobe 3: Left lateral segment	
B11	Warm ischemia time minutes	
B12	Cold ischemia time minutes	
C1	HCV Genotype -- 1: 1, subtype unspecified or mixed 2: 1, a 3: 1, b 4: 2 5: 3 6: 4 7: 5 8: 6 9: Other, specify 998: Unknown	
	Specify "other" HCV genotype:	
C2	Was the patient's HCV RNA closest to transplant detectable? -- 1: Yes 2: No 998: Unknown	
	Date of HCV RNA: Month Day Year	
	Serum alanine aminotransferase (ALT) closest to the time of transplant	

C3	IU/L	Not Done	
C4	Serum aspartate aminotransferase (AST) closest to the time of transplant		
	IU/L	Not Done	
C5	Serum alkaline phosphatase (ALK) closest to the time of transplant		
	IU/L	Not Done	
C6	Total bilirubin closest to the time of transplant		
	mg/dl	Not Done	
C7	Serum creatinine closest to the time of transplant		
	mg/dl	Not Done	
C8	Albumin closest to the time of transplant		
	g/dl	Not Done	
C9	INR closest to the time of transplant		
	INR Units	Not Done	
D1	What was the immunosuppression regimen in place one year post-transplant? (Check all that apply) <input type="checkbox"/> Click to Expand/Collapse <input type="checkbox"/> Prednisone (or oral equivalent) <input type="checkbox"/> Methylprednisolone (or IV equivalent) <input type="checkbox"/> Cyclosporine (Neoral, Gengraf or any other formulation) <input type="checkbox"/> Tacrolimus (Prograf) <input type="checkbox"/> Rapamycin <input type="checkbox"/> Certican (RAD) <input type="checkbox"/> Azathioprine (Imuran or generic) <input type="checkbox"/> Mycophenolate mofetil (Cellcept or generic) <input type="checkbox"/> Enteric-coated mycophenolic (Myfortic or generic) <input type="checkbox"/> Other immunosuppression (specify)		
	Specify "other" immunosuppression:		
E1	Questionnaire Completed		
	Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will show this item as completed.		
	This Case Report Form (CRF) has been completed with all available data and should be submitted to the Data Coordinating Center (DCC): -- 1: Yes 2: No		