

V5\_GEN\_FORM



## Graft Outcomes

Date of Transplant			
		(mm/dd/yyyy)	
Source of donation		Living Donor	
		Cadaveric	
Was patient relisted for another liver transplant?	Yes	If yes, Date of Relisting	
	No		
Graft Loss		Yes	
		No	
Date of graft failure			
		(mm/dd/yyyy)	
Primary Cause of graft loss	Primary Graft Failure		
	Vascular Thrombosis		
	Biliary Tract Complication		
	Hepatitis: DeNovo		
	Hepatitis: Recurrent		
	Recurrent Disease: Non-Hepatitis		
	Rejection: Acute		

	Infection
	Rejection Chronic
	Other (specify)
Secondary Cause of graft loss	Primary Graft Failure
	Vascular Thrombosis
	Biliary Tract Complication
	Hepatitis: DeNovo
	Hepatitis: Recurrent
	Recurrent Disease: Non-Hepatitis
	Rejection: Acute
	Infection
	Rejection Chronic
	Other (specify)
Retransplantation?	Yes
	No
<p>If the patient was re-transplanted, you must fill out another "Graft Outcomes" form for each subsequent liver transplant.</p>	

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