

V5_GEN_FORM



RCP Cond. @ Enrollment

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| Donor H&P date | (mm/dd/yyyy) |
| Recipient medical condition at enrollment | Patient in ICU |
| | Hospitalized, not in ICU |
| | Not Hospitalized |
| Recipient on ventilator at enrollment? | Yes |
| | No |
| Recipient functional status at enrollment (at time of potential donor H & P) | No activity limitations. (NYHA Class I or Class II) |
| | Performs activities of daily living with some assistance. (NYHA Class III) |
| | Performs activities of daily living with total assistance. (NYHA Class IV) |
| | Patient hospitalized |
| | Unknown |

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| Recipient employment status at enrollment | Working full time |
| | Working part time by choice |
| | Working part time due to disease |
| | Working part time reason unknown |
| | Not working by choice |
| | Not working due to disease |
| | Not working, unable to find employment |
| | Not working, reason unknown |
| | Retired |
| | Employment status unknown |

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| Recipient weight at enrollment in kg | | (divide weight in pounds by 2.2 to get kg) |
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| Recipient primary diagnosis at listing | |
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| Recipient secondary diagnosis at listing | |
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| Recipient tertiary diagnosis at listing | |
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| Recipient diagnosis change between listing and enrollment? | Yes |
| | No |

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| | Recipient primary diagnosis at enrollment (only if changed) | |
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| | Recipient secondary diagnosis at enrollment (only if changed) | |
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| | Recipient tertiary diagnosis at enrollment (only if changed) | |
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| Recipient hepatocellular carcinoma diagnosis at the time of enrollment | Yes |
| | No |

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| Recipient hepatitis C diagnosis at the time of enrollment | Yes |
| | No |

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| Recipient encephalopathy prior to enrollment | Yes |
| | No |
| | Unknown |

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| Recipient variceal bleeding prior to enrollment | Yes |
| | No |
| | Unknown |

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| Recipient ascites prior to enrollment | Yes |
| | No |
| | Unknown |

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| Recipient previous upper abdominal surgery prior to enrollment | Yes |
| | No |
| | Unknown |

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| | Upper abdominal surgery, Cholecystectomy | Yes |
| | | No |

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| | Upper abdominal surgery, Gastric Resection | Yes |
| | | No |

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| | Upper abdominal surgery, Small Bowel Resection | Yes |
| | | No |

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| | Upper Abdominal Surgery, Other (specify) | |
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| Recipient spontaneous bacterial peritonitis prior to enrollment | Yes |
| | No |
| | Unknown |

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| Recipient history of TIPSS prior to enrollment | Yes |
| | No |
| | Unknown |

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| Recipient diabetes mellitus at enrollment | No | If insulin-dependent, non-insulin dependent, or Yes, (type unknown) answered on previous question, Diabetes Treatment | Insulin |
| | Yes, Insulin Dependent | | Oral Agent |
| | Yes, Non-insulin Dependent | | Both Insulin and Oral Agent |
| | Yes, Type Unknown | | No medications |
| | Other | | |

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| Recipient dialysis at enrollment | Yes |
| | No |

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| Recipient angina/coronary artery disease prior to enrollment | Yes |
| | No |
| | Unknown |

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| Recipient drug treated systemic hypertension at enrollment | Yes |
| | No |
| | Unknown |

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| Recipient serum creatinine closest to enrollment | |
| | mg/dL |

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| Recipient total serum albumin closest to enrollment | |
| | g/dL |

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| Recipient total bilirubin closest to enrollment | |
| | mg/dL |

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| Recipient INR closest to enrollment | |
| Did you answer "yes" to HCC present? If so, you must fill out the "HCC Data at Enrollment" form. | Yes |
| | No |
| Did you answer "yes" to HCV present? If so, you must fill out the "HCV Data at Enrollment" form. | Yes |
| | No |

Start Time: 13:59:55 Stop Time: 13:59:56 Time To Generate: 0 seconds