

V5\_GEN\_FORM



## RCP Cond. @ Listing

Recipient previous liver transplants	Yes
	No
Recipient medical condition at listing	Patient in ICU
	Hospitalized, not in ICU
	Not Hospitalized
Recipient on ventilator at listing	Yes
	No
Recipient functional status at listing	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
Recipient employment at time of listing. WORKING indicates employment outside the home or attending school. NOT WORKING indicates unemployment and not attending school.	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	
Recipient height in cm	(multiply inches by 2.54 to get centimeters)

Recipient weight in kg	(divide weight in pounds by 2.2 to get kilograms)				
Recipient primary diagnosis at listing					
Recipient secondary diagnosis at listing					
Recipient tertiary diagnosis at listing					
Recipient hepatocellular carcinoma diagnosis at the time of listing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td></tr> <tr><td style="text-align: center;">No</td></tr> </table>	Yes	No		
Yes					
No					
Recipient Hepatitis C diagnosis at the time of listing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td></tr> <tr><td style="text-align: center;">No</td></tr> </table>	Yes	No		
Yes					
No					
Recipient encephalopathy at the time of listing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td></tr> <tr><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;">Unknown</td></tr> </table>	Yes	No	Unknown	
Yes					
No					
Unknown					
Recipient variceal bleeding within 2 weeks prior to listing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td></tr> <tr><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;">Unknown</td></tr> </table>	Yes	No	Unknown	
Yes					
No					
Unknown					
Recipient ascites	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td></tr> <tr><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;">Unknown</td></tr> </table>	Yes	No	Unknown	
Yes					
No					
Unknown					
Recipient previous upper abdominal surgery prior to listing	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Yes</td></tr> <tr><td style="text-align: center;">No</td></tr> <tr><td style="text-align: center;">Unknown</td></tr> </table>	Yes	No	Unknown	
Yes					
No					
Unknown					
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Yes					
No					
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Yes					
No					

	Upper abdominal surgery, Small Bowel Resection	Yes	
		No	
	Upper Abdominal Surgery, Other (specify)		
Recipient spontaneous bacterial peritonitis prior to listing	Yes		
	No		
	Unknown		
Recipient history of TIPSS prior to listing	Yes		
	No		
	Unknown		
Recipient diabetes mellitus prior to listing	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		
Recipient dialysis prior to listing	No		
	Hemodialysis/CVVHD		
	Peritoneal Dialysis		
	Dialysis-Unknown type		
	Unknown		
Recipient angina/coronary artery disease prior to listing	Yes		
	No		
	Unknown		
Recipient drug treated systemic hypertension prior to listing	Yes		
	No		
	Unknown		
Recipient serum creatinine at listing			
	mg/dL		
Recipient total serum albumin			
	g/dL		

Recipient total serum bilirubin	
	mg/dL
Recipient INR	
Did you answer "yes" to HCC present? If so, you must fill out the "HCC Data at Listing" form.	Yes
	No

Start Time: 13:59:39 Stop Time: 13:59:40 Time To Generate: 0 seconds