



ChiLDReNLink: PROBE

Form 25L Transplant Listing PROBE

B: TRANSPLANT LISTING			
B1a	Visit Date	____ / ____ / _____	
B1b	Date of listing	____ / ____ / _____	
B2	Primary reasons for listing (check all that apply):	<input type="checkbox"/> Persistent acholic stools <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Ascites <input type="checkbox"/> Cholangitis <input type="checkbox"/> Persistent hyperbilirubinemia <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Varices <input type="checkbox"/> GI Bleed <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Hepatopulmonary syndrome <input type="checkbox"/> Hepatorenal syndrome <input type="checkbox"/> Other _____ <input type="checkbox"/> No information given	
B3a	Bilirubin	O Done	O Not Done → go to B5a
B3b	Date	____ / ____ / _____	
B	Please note: Total bilirubin should not be less in value than direct bilirubin or conjugated bilirubin.		
B3c	Total bilirubin at listing:	O = _____	O mg/dl O μmol/l O < _____ O > _____ O Not Done
B3d	Direct bilirubin at listing:	O = _____	O mg/dl O μmol/l O < _____ O > _____ O Not Done
B3e	Conjugated bilirubin at listing:	O = _____	O mg/dl O μmol/l O < _____ O > _____ O Not Done
B4	Serum sodium at listing:	O = _____	O mmol/L O mEq/L O < _____ O > _____ O Not Done
B5a	Prothrombin time at listing	O Done	O Not Done → go to B6a
B5b	Date	____ / ____ / _____	
B5c	Prothrombin time:	O = _____	O sec O < _____ O > _____ O Not Done
B5d	INR at listing:	O = _____	O Not Done O < _____ O > _____

B: TRANSPLANT LISTING

B6a	Creatinine at listing:	<input type="radio"/> = <input type="radio"/> < _____ <input type="radio"/> > _____	<input type="radio"/> mg/dl <input type="radio"/> Not Done → go to B7a	<input type="radio"/> μmol/l
B6b	Date	_____ / _____ / _____		
B7a	Albumin at listing	<input type="radio"/> = <input type="radio"/> < _____ <input type="radio"/> > _____	<input type="radio"/> g/dl <input type="radio"/> Not Done → go to B8	<input type="radio"/> g/L
B7b	Date	_____ / _____ / _____		
B8	Infant's blood type:	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> O <input type="radio"/> AB
B9	Subject registered with SPLIT:	<input type="radio"/> No → go to C1	<input type="radio"/> Yes	
B10	SPLIT center code:	_____		
B11	SPLIT subject code:	_____		

C: PELD SCORES

C1	Calculated PELD score:	_____		
C2	Exception score:	_____	<input type="radio"/> Not Done	
C3	Status 1 exception requested:	<input type="radio"/> Not Requested	<input type="radio"/> Requested	
C4	Weight at listing:	_____	<input type="radio"/> kgs <input type="radio"/> oz	<input type="radio"/> lbs <input type="radio"/> Not Done
C5	Height or length at listing:	_____	<input type="radio"/> cm <input type="radio"/> inches	<input type="radio"/> feet <input type="radio"/> Not Done
C6	Head circumference at listing	_____	<input type="radio"/> g/dl <input type="radio"/> Not Done	<input type="radio"/> g/L
C7	Growth failure at listing:	<input type="radio"/> No	<input type="radio"/> Yes	

D: INVESTIGATOR SIGNATURE

D1	Investigator Signed?	<input type="radio"/> No → Done	<input type="radio"/> Yes
D2	Date investigator signed	_____ / _____ / _____	