

**NIDDK Liver Transplantation Database  
MANUAL OF OPERATIONS AND PROCEDURES**

**FORM: CD (CHANGE OF DIAGNOSIS FOR NATIVE LIVER)**

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- Purpose: To document a change in a patient's final diagnosis of liver disease, whether primary and/or secondary, that was determined at the time of, or soon after, the transplant. This form is to be completed upon subsequent evidence, based on new test results, that the diagnosis of liver disease of the native liver has changed from that determined at the time of transplant as recorded on the PO Form.
- Person(s) Responsible: LTD Clinical Coordinators.
- Source(s) of Information: Medical record, physician(s) caring for the patient, laboratory diagnostic test results.
- General Instructions: This form should be completed whenever there is new evidence that the final diagnosis, whether primary and/or secondary, as documented on the PO Form is no longer correct, and should be replaced by a new diagnosis. Both the primary diagnosis and the secondary diagnoses should be completed to reflect the current final diagnosis. The final diagnosis on the PO Form should not be changed, as it must still reflect the information known at the time of transplant.

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**I. FINAL DIAGNOSIS CHANGE**

The final diagnosis should be changed when there is new evidence that the final diagnosis as documented on the PO Form is no longer correct. A new diagnosis (or diagnoses) based on clinical, serum biochemical, serologic and histologic evidence, or other diagnostic tests, and on a consensus of opinion on the part of the clinician and the pathologist, should be entered. The new evidence may affect the primary, secondary, or both diagnoses. In any case, all sections should be completed as appropriate.

Completing Form:

1. Record the date that the new diagnosis was determined in month/day/year format.
2. Primary diagnosis - enter the code for the current primary diagnosis from the list of Liver Disease Diagnoses provided on the opposite page of the form. Provide the specification for that diagnosis when required, in the space provided.
3. Check whether the primary diagnosis listed is a change from the primary diagnosis recorded on the PO Form. If yes, check the appropriate categories that served as the basis for the new diagnosis. If the category is not listed, check "Other" and specify in the space provided.
4. Secondary diagnosis(es) - if documentation of secondary diagnosis(es) is appropriate, enter the code(s) for the current secondary diagnosis(es) in the perceived order of importance. Use the list of Liver Disease Diagnoses provided on the opposite page of the form. Provide the specification for the diagnosis(es) when required, in the space provided. Do not record the code for the change of primary diagnosis here. Note that if there is new evidence that a secondary diagnosis(es) as documented on the PO Form no longer exists, a "-2" should be coded for the secondary diagnosis(es), and all subsequent questions should be completed appropriately.
5. Check whether the secondary diagnosis(es) listed is(are) a change from the corresponding secondary diagnosis(es) recorded on the PO Form. If yes, check the appropriate categories that served as the basis for the new diagnosis. If the category is not listed, check "Other" and specify in the space provided.

**II. COMMENTS**

Use this space for any other information that is pertinent to this evaluation process that has not been recorded elsewhere in this form.

Completing Form:

Check whether there are any comments to be made. If "yes", write in the comments that are pertinent to this evaluation process.