

**NIDDK Liver Transplantation Database  
MANUAL OF OPERATIONS (MOOP)**

**FORM: YP (YEARLY PRE-TRANSPLANT FOLLOW-UP)**

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- Purpose: For patients who have not yet received a liver transplant, to obtain information about the patient's current status and any change in candidacy status.
- Person(s) Responsible: LTD Clinical Coordinator, LTD Coordinating Center.
- Sources(s) of Information: Data generated by the computer on background information; medical chart, physician(s) caring for the patient, the patient or relatives of the patient for updates on patient status.
- General Instructions: This form is completed yearly on the anniversary date of the patient's initial evaluation, except for fulminant patients who will be followed at 6 months, then yearly thereafter. Information obtained at the time of the initial evaluation regarding candidacy status, and any subsequent change of status will be printed on the form. Information to be obtained at this timepoint includes any new change in candidacy status as well as the current patient status.

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I. The following information will be provided on the form at the time of this report.

**1. PATIENT ID**

The number assigned to the patient at the time of the initial evaluation.

**2. FOLLOW-UP DUE**

This is the timepoint specified to obtain an update on the patient's current status (e.g. Year 1, Year 2, etc.).

**3. DATE OF INITIAL EVALUATION**

The date of the initial evaluation for this patient.

**4. CANDIDACY STATUS**

The eligibility status of the patient as determined at the end of the initial evaluation, and the most recent status will be provided. This will be different from that given at the time of initial evaluation if a change of status occurred at some time point since the initial evaluation. The date of this change will be provided. If there was no change in status, the information from the initial evaluation form will be given.

II. Information to be collected at the time of this report.

**1. HAS CANDIDACY STATUS CHANGED**

This is to indicate whether the candidacy status of the patient has changed from the "most recent status" recorded above. If so, a Change of Status Form (CS) should also be completed.

Completing Form: Check whether a change has occurred in the eligibility status of the patient.

**2. DATE OF PATIENT/PHYSICIAN CONTACT**

The date that the patient or the local physician is contacted for this followup.

Completing Form: Record the date as month/day/year that the patient or the local caretaking physician was contacted for this followup.

**3. PATIENT STATUS**

This is the status of the patient at this followup timepoint:

1. Alive, not yet transplanted.
2. Received a transplant at a center other than the LTD center.
3. Died. In this case a Death Report Form (MD) should also be completed.

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4. Lost to follow-up: the patient cannot be located; the local physician cannot be reached or cannot locate the patient.
5. Refused consent: the patient has indicated refusal to further participate in the study after initially signing informed consent.
6. Transplanted at LTD center. This item was added to capture transplants after 6/30/94.

Completing Form:

Check the categories that may be applicable to the patient for this follow-up period. If "Transplanted elsewhere" or "Transplanted at LTD center" is checked, record the date of the transplant as month/day/year. If "Died" is checked, record the date of death as month/day/year.