



NIDDK
Liver Transplantation Database
CHANGE OF STATUS FORM

01/30/1991

COMPLETION LOG

Data Collector ID _____ - _____
Center Initials

DATE

Data Collection _____ / _____ / _____

Data Entry _____ / _____ / _____

Sysid _____

Verification _____ / _____ / _____

Cleaned _____ / _____ / _____

Transfer _____ / _____ / _____
MM DD YY

FORM KEYS

Patient ID _____

Date of Status _____ / _____ / _____

CHANGE OF STATUS FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

To be completed in the event that a patient's candidacy status (or UNOS status) has changed since the time of initial evaluation, or since the most recent change of status.

I. CURRENT STATUS (check one)

DATE OF CHANGE _____ / _____ / _____
MM DD YY

___ 1. Medically acceptable, look for donor

1.1 Contributing reasons for transplantation (must be determined by a physician).
Check all that apply:

- ___ 1.1.1 Bone disease
- ___ 1.1.2 Encephalopathy
- ___ 1.1.3 Poor quality of life secondary to fatigue
- ___ 1.1.4 Pruritis
- ___ 1.1.5 Recurrent GI bleeding
- ___ 1.1.6 SBP
- ___ 1.1.7 Tumor
- ___ 1.1.8 Uncontrolled ascites
- ___ 1.1.9 Malnutrition/failure to thrive/failed Kasai procedure
- ___ 1.1.10 Renal failure
- ___ 1.1.11 Coagulopathy
- ___ 1.1.12 Recurrent cholangitis/sepsis/abscess
- ___ 1.1.13 Other _____
specify (30 char)

1.2 Specify by code the major reason for transplantation from the above list _____

1.3 Code UNOS STATUS as listed on the opposite page _____

___ 2. Suitable, but too well

___ 3. Contraindications

3.1 Check all that apply: 1. Medical___ 2. Financial___ 3. Personal___

3.2 Possibly reversible? Yes___ No___

IF NO specify _____
(30 char)

3.3 Taken to OR for liver transplant, but transplant was not done Yes___ No___

IF YES specify reason _____
(30 char)