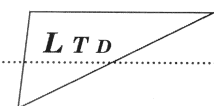


DF



NIDDK
Liver Transplantation Database

DONOR FORM

01/30/1991

DONOR ID _____

COMPLETION LOG

Data Collector ID _____ - _____
Center Initials

DATE

Data Collection _____/_____/_____

Data Entry _____/_____/_____

Sysid _____

Verification _____/_____/_____

Cleaned _____/_____/_____

Transfer _____/_____/_____
MM DD YY

FORM KEYS

Patient ID _____

Transplant No. _____

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

TRANSPLANT NO. _____

_____/_____/_____
DATE OF START OF HEPATECTOMY
MM DD YY

To be abstracted from the donor chart by the clinical coordinator or the procurement personnel.

I. Was medical chart available? Yes__ No__

II. DEMOGRAPHIC DATA

1. Birthdate ____/____/____
MM DD YY

OR IF UNOBTAINABLE

1.1 Specify age ____ yrs. ____ mos.

2. Sex 1. Male__ 2. Female__

3. Height ____ cm inches x 2.54

4. Weight ____ kg lbs) 2.2

5. Blood type (check one) 1. A __ 2. B __ 3. AB __ 4. O __

6. Rh factor (check one) Pos __ Neg __

7. Race/ethnic background (check one)

1. Caucasian__ 2. Black__ 3. Am. Indian/Eskimo__ 4. Hispanic__ 5. Oriental Pacific__

6. Mideast, Arab__ 7. Indian Subcont.__ 8. Other _____ 9. Unk__
specify (30 char)

III. HOSPITALIZATIONS

1. Date of admission for injury/illness ____/____/____
MM DD YY

2. Was donor ever in the ICU? Yes__ No__ Unk__

IF YES 2.1 Total duration in ICU ____ days

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

IV. CAUSE OF DEATH (check one)

TRAUMA

- 1. Gunshot wound (head)
- 2. Other head injury
- 3. Motor vehicle accident
- 4. Severe fall

CNS AND DISEASE RELATED

- 11. Brain tumor
- 12. Spontaneous intracranial bleeding
- 13. Meningitis
- 14. Seizure disorder
- 15. VP shunt obstruction

ANOXIA/HYPOXIA

- 5. Burning with asphyxia
- 6. Drowning
- 7. Hanging/Strangulation
- 8. Intraoperative anoxia
- 9. SIDS
- 10. Anoxia, other _____
specify (30 char)

DRUGS/TOXINS

- 16. Carbon monoxide
- 17. Narcotics overdose
- _____
- specify (30 char)

MISCELLANEOUS

- 18. Other _____
specify (30 char)

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

V. PRE-EXISTING/COEXISTING CONDITIONS Yes No Unk

DRUGS/TOXINS

- 1.1 Alcohol: acute intoxication ___ ___ ___
- 1.2 Alcohol: chronic use ___ ___ ___
- 2.1 Drug: current use ___ ___ ___
- 2.2 Drug: chronic use ___ ___ ___

CIRCULATORY

- 3. Cardiac disease (preexisting) ___ ___ ___
- 4. Hypertension ___ ___ ___

IF YES	4.1 Was it treated? ___ ___ ___
--------	--

CNS

- 5. CNS malignancy ___ ___ ___
- 6. Seizure disorder (treated) ___ ___ ___

INFECTIONS

- 7. Hepatitis (history of clinical) _____ ___ ___ ___
specify type (30 char)
- 8. Other current infections ___ ___ ___

	Site	Organism
IF YES	8.1 _____	_____
	8.2 _____	_____
	8.3 _____	_____
	8.4 _____	_____
	specify (30 char)	specify (30 char)

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

MISCELLANEOUS

Yes No Unk

9. Congenital anomalies _____
specify (30 char) _____

10. Diabetes Mellitus _____

IF YES 10.1 insulin dependent? _____

11. Hyperglycemia (untreated) _____

12. Pulmonary disease _____

13. Renal disease _____

14. Nutritional support _____

IF YES
__ 14.1 Hyperalimentation 14.1.1 Duration ____ days
__ 14.2 Enteral 14.2.1 Duration ____ days

15. Other _____

IF YES
15.1 _____
15.2 _____
15.3 _____
15.4 _____
specify (30 char)

VI. PRE-HARVEST EPISODES

1. Cardiac arrests (pulseless) _____

2. Acidosis (pH < 7.3) _____

3. Hypothermia (°C < 32.5) _____

4. Hyperthermia (°C > 38.5) _____

5. Hypoxemia (PaO₂ < 60 on FiO₂ > 70) _____

6. Lowest systolic blood pressure/accompanying diastolic
(sustained for at least 1/2 hour) _____/_____ mmHg

systolic diastolic

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

VII. MEDICATIONS GIVEN FROM TIME OF INJURY/ILLNESS Yes__ No__ Unk__

IF YES, code as specified in Appendix I

CODE	NAME (30 characters)	Check here if <u>Other</u> Med.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

VIII. BLOOD TRANSFUSIONS (WB or PRBC) from time of injury/illness Yes__ No__ Unk__

IX. LABORATORY DATA AT TIME OF SELECTION AS DONOR Date of Sample ____/____/____
MM DD YY

- | | | |
|--------------------------|-----------------|------------------|
| | | Not Done
(-2) |
| 1. Total bilirubin | ____.____mg/dl | ____ |
| 2. Direct bilirubin | ____.____mg/dl | ____ |
| 3. SGOT | ____U/L | ____ |
| 4. SGPT | ____U/L | ____ |
| 5. BUN | ____.____mg/dl | ____ |
| 6. Creatinine | ____.____mg/dl | ____ |
| 7. Prothrombin time (PT) | ____./____.secs | ____ |
| | Patient Control | |

8. BLOOD ALCOHOL test done at time of admission? Yes__ No__

IF YES

8.1 Date obtained	____/____/____ MM DD YY
8.2 Blood alcohol level (mg%)	____

9. TOXICOLOGY SCREEN done at time of admission? Yes__ No__

IF YES

9.1 Date done	____/____/____ MM DD YY
9.2 Were there <u>POSITIVE</u> results? Yes__ No__	
IF YES	9.2.1 _____
	9.2.2 _____
	9.2.3 _____
	9.2.4 _____
	specify (30 char)

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

TESTS MAY BE DONE AT RECIPIENT HOSPITAL

10. INFECTIOUS DISEASE SCREEN

Date of Sample _____/_____/_____
MM DD YY

	RESULTS		Not Done (-2)
	Pos	Neg	
10.1 Anti-CMV IgG	___	___	___

If POSITIVE Titer _____

10.2 HBsAg	___	___	___
10.3 Anti-HBs	___	___	___
10.4 Anti-HBc	___	___	___
10.5 Anti-HCV	___	___	___
10.6 Anti-HIV	___	___	___
10.7 Anti-HTLV1	___	___	___
10.8 <u>Routine Blood Culture</u>			
10.8.1 Bacteria	___	___	___

IF POSITIVE specify _____
(30 char)

10.8.2 Other _____

specify (30 char)

10.8.3 Other _____

specify (30 char)

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

TESTS TO BE DONE AT RECIPIENT HOSPITAL

11. IMMUNOLOGY

11.1 HISTOCOMPATIBILITY TESTING

Date of Sample _____ / _____ / _____
MM DD YY

Record results as given: code -3 for blanks, -2 for not tested.

- 11.1.1 HLA-A _____ / _____
- 11.1.2 HLA-B _____ / _____
- 11.1.3 HLA-DR _____ / _____

The following are optional; record if done

- 11.1.4 HLA-BW4/6 _____ / _____
- 11.1.5 HLA-C _____ / _____
- 11.1.6 HLA-DRW52/53 _____ / _____
- 11.1.7 HLA-DQ _____ / _____
- 11.1.8 HLA-DP _____ / _____

