

NIDDK Liver Transplantation Database  
POST-TRANSPLANTATION FINAL FOLLOW-UP  
Report Date: \_\_\_\_\_

Patient ID \_\_\_\_\_

1. Date of patient/physician contact

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

2. Patient status (check one)

\_\_\_ 2.1 Alive

\_\_\_ 2.2 Died → Complete Death Form - MD

a. Date of death

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

\_\_\_ 2.3 Lost to follow-up

a. Date of last contact

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

\_\_\_ 2.4 Refused consent

3. Was patient retransplanted after JUNE 30, 1995?

\_\_\_ Yes

\_\_\_ No

- |  |
|--|
| Reasons for retransplantation                    |
| 1. Primary nonfunction                           |
| 2. Rejection, specify acute or chronic, if known |
| 3. Hepatic artery thrombosis                     |
| 4. Other, specify                                |

a. Date of 1<sup>st</sup> retransplant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Reason for re-transplant \_\_\_\_\_

\_\_\_ 3.1 LTD Center

\_\_\_ 3.2 Elsewhere

specify (30 char)

b. Date of 2<sup>nd</sup> retransplant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Reason for re-transplant \_\_\_\_\_

\_\_\_ 3.3 LTD Center

\_\_\_ 3.4 Elsewhere

specify (30 char)

c. Date of 3<sup>rd</sup> retransplant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Reason for re-transplant \_\_\_\_\_

\_\_\_ 3.5 LTD Center

\_\_\_ 3.6 Elsewhere

specify (30 char)

COMPLETION LOG

Data Collector ID	_____
Data Collection	____/____/____
Data Entry	____/____/____
	MM DD YY
Sysid	_____