

NIDDK
Liver Transplantation Database
LIVING DONOR FORM
05/10/1993

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. _____

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PATIENT ID _____ - _____

TRANSPLANT NO. _____

I. DEMOGRAPHIC DATA

1. Birthdate _____ / _____ / _____
MM DD YY

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)

8. Relation to recipient (check one)

- 1. Mother___
 - 2. Father___
 - 3. Sibling___
 - 4. Other_____
- specify (30 char)

II. PRE-EXISTING/CO-EXISTING CONDITIONS

Yes No

1. History of alcohol use _____

IF YES

1.1 Years of use _____ 1.2 Number of drinks per week _____ 1.3 Date of most recent use _____ / _____ / _____ <div style="text-align: center; margin-left: 100px;">MM DD YY</div>

2. History of drug use _____

IF YES

2.1 Years of use _____ 2.2 Date of most recent use _____ / _____ / _____ <div style="text-align: center; margin-left: 100px;">MM DD YY</div>
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- | | Yes | No |
|------------------------------------|-------|-------|
| 3. Hypertension | _____ | _____ |
| 4. Seizure disorder (treated) | _____ | _____ |
| 5. Diabetes mellitus | _____ | _____ |
| 6. Pulmonary disease | _____ | _____ |
| 7. Renal disease | _____ | _____ |
| 8. Hepatitis (history of clinical) | _____ | _____ |

_____ specify type (30 char)

- | | Yes | No |
|-------------------------|-------|-------|
| 9. Infections (current) | _____ | _____ |

IF YES

	Site	Organism
9.1	_____	_____
9.2	_____	_____
9.3	_____	_____
9.4	_____	_____
	specify (30 char)	specify (30 char)

III. ANTIBIOTICS GIVEN? (Pre-op only) Yes__ No__

IF YES, code as specified in Appendix I

	CODE	NAME (30 characters)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

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IV. 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 (AST) | _____ U/L | _____ |
| 4. SGPT (ALT) | _____ U/L | _____ |
| 5. BUN | _____ mg/dl | _____ |
| 6. Creatinine | _____ mg/dl | _____ |
| 7. Prothrombin time (PT) | _____/____/____ secs | _____ |
| | Patient Control | |

V. INFECTIOUS DISEASE SCREEN

____/____/____

Date of Sample
MM DD YY

- | | <u>RESULTS</u> | | Not Done
(-2) |
|-----------------|-----------------|-------|------------------|
| | Pos | Neg | |
| 1. Anti-CMV IgG | _____ | _____ | _____ |
| IF POSITIVE | 1.1 Titer _____ | | |
| 2. HBsAg | _____ | _____ | _____ |
| 3. Anti-HBs | _____ | _____ | _____ |
| 4. Anti-HBc | _____ | _____ | _____ |
| 5. Anti-HCV | _____ | _____ | _____ |
| 6. Anti-HIV | _____ | _____ | _____ |
| 7. Anti-HTLV1 | _____ | _____ | _____ |

8. Routine Blood Culture

8.1 Bacteria _____

IF POSITIVE 8.1.1 _____
specify (30 char)

8.2 Other _____
specify (30 char)

8.3 Other _____
specify (30 char)

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VI. HISTOCOMPATIBILITY TESTING (#4-#8 are optional, record if done)

Date of Sample ____/____/____
MM DD YY

- 1. HLA-A ____/____
- 2. HLA-B ____/____
- 3. HLA-DR ____/____
- 4. HLA-BW4/6 ____/____
- 5. HLA-C ____/____
- 6. HLA-DRW52/53 ____/____
- 7. HLA-DQ ____/____
- 8. HLA-DP ____/____

VII. PRE-OPERATIVE MORPHOLOGY ASSESSMENT

- 1. Liver scan performed? Yes__ No__
- 2. Normal parenchyma (CT or MRI) Yes__ No__
- 3. Segments to be removed (check one)

- ___ 3.1 Segments 2 and 3
- ___ 3.2 Segments 2, 3, and 4
- ___ 3.3 Other _____
specify (30 char)

- 4. Pre-operative graft volume _____ cc
- 5. Pre-operative graft weight _____ kg
- 6. Arteriogram performed? Yes__ No__

IF YES, check one

Arterial anatomy
___ 6.1 Normal variant
___ 6.2 Replaced left (from left gastric)
___ 6.3 Multiple left
___ 6.4 Other variant _____ specify (30 char)

- 7. Replaced right hepatic Yes__ No__

VIII. DONOR RECOVERY

- | | Date | Local LTD Center time |
|-----------------------------------|----------------|-----------------------|
| 1. Partial Hepatectomy Start Time | ____/____/____ | ____ : ____ |
| 2. Partial Hepatectomy Flush Time | ____/____/____ | ____ : ____ |
| 3. Partial Hepatectomy End Time | ____/____/____ | ____ : ____ |
| | MM DD YY | hrs min |

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4. Arterial dissection (check all that apply)

- 4.1 Full left _____ mm
- 4.2 Replaced left _____ mm
- 4.3 Other _____ mm

_____ specify (30 char)

5. Graft used (check one)

- 5.1 Segments 2 and 3
- 5.2 Segments 2, 3, and 4
- 5.3 Other _____
specify (30 char)

6. Portal Vein

- 6.1 Length _____ mm
- 6.2 Diameter _____ mm

7. Hepatic Vein (check one)

- 7.1 Single
- 7.2 Multiple

8. Bile duct cholangiogram performed? Yes___ No___

IF YES, check one

<input type="checkbox"/> 8.1 Full left	Diameter _____ mm				
<input type="checkbox"/> 8.2 Common channel	Diameter _____ mm				
<input type="checkbox"/> 8.3 Separate ducts 2 and 3					
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 8.3.1 Segment 2</td> <td style="width: 50%;">Diameter _____ mm</td> </tr> <tr> <td><input type="checkbox"/> 8.3.2 Segment 3</td> <td>Diameter _____ mm</td> </tr> </table>		<input type="checkbox"/> 8.3.1 Segment 2	Diameter _____ mm	<input type="checkbox"/> 8.3.2 Segment 3	Diameter _____ mm
<input type="checkbox"/> 8.3.1 Segment 2	Diameter _____ mm				
<input type="checkbox"/> 8.3.2 Segment 3	Diameter _____ mm				

9. Graft volume (displacement) _____ cc

10. Donor veins retrieved (check all that apply)

- 10.1 Saphenous Diameter _____ mm Length _____ mm
- 10.2 Inferior vena cava Diameter _____ mm
- 10.3 Other _____ Diameter _____ mm
specify (30 char)

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IX. FLUSH

1. TYPES (check all that apply)

	1. PORTAL VEIN	2. ARTERY	3. PRESERVATION SOLUTION	4. TOTAL VOLUME (CC)
1.1 UW	_____	_____	_____	_____
1.2 LR	_____	_____	_____	_____
1.3 OTAR	_____	_____	_____	_____
1.4 Other	_____	_____	_____	_____

_____ specify (30 char)

2. Were medications added to flush? Yes__ No__
IF YES, check all that apply

	PORTAL VEIN	ARTERY
2.1 Calciparine	_____	_____
2.2 D50	_____	_____
2.3 Heparin	_____	_____
2.4 Mannitol	_____	_____
2.5 Solumedrol	_____	_____
2.6 Insulin	_____	_____
2.7 Penicillin	_____	_____
2.8 Other _____	_____	_____
specify (30 char)		
2.9 Other _____	_____	_____
specify (30 char)		

X. INTRA-OPERATIVE

1. Were there intraoperative complications? Yes__ No__
IF YES, check all that apply

___ 1.1 Excessive bleeding
___ 1.2 Damage to structure of Donor
IF YES, check all that apply
___ 1.2.1 Bile duct
___ 1.2.2 Hepatic artery
___ 1.2.3 Damage to other organ
specify _____
(30 char)

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2. Was there blood loss? Yes___ No___ IF YES 2.1 Volume _____ cc

3. Was replacement blood given? Yes___ No___

IF YES, check all that apply

___ 3.1 Autologous	_____ cc
___ 3.2 Cell saver	_____ cc
___ 3.3 Banked RBC's	_____ cc

XI. ANTIBIOTICS USED DURING SURGERY Yes___ No___

IF YES, code as specified in Appendix I

	CODE	NAME (30 characters)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

XII. ASSESSMENT OF LIVER

	START (At time of incision)		END (At time of crossclamp or flush)	
	Yes	No	Yes	No
1.1 Consistency/Texture: normal	___	___	___	___
1.2 Perfusion/color: well perfused	___	___	___	___
1.3 Injury/Trauma	___	___	___	___
2. How did the liver flush? (check one)	1. Good___		2. Fair___	3. Poor___
3. Overall quality of liver (check one)	1. Good___		2. Fair___	3. Poor___

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XIII. IMPLANTATION: GRAFT ASSESSMENT IN RECIPIENT

1. Hepatic Vein (check one)

- ___ 1.1 End to end RHV Diameter _____ mm
- ___ 1.2 End to end LHV Diameter _____ mm
- ___ 1.3 End to side IVC Diameter _____ mm
- ___ 1.4 End to Right, Middle & Left Vein Diameter _____ mm

2. Portal Vein (check one)

- ___ 2.1 End to end Diameter _____ mm Length _____ mm
- ___ 2.2 Interposition Diameter _____ mm Length _____ mm

3. Hepatic artery (check one)

- ___ 3.1 Recipient HA Diameter _____ mm
- ___ 3.2 Aorta Diameter _____ mm

4. Bile duct

- 4.1 Roux Y Yes___ No___
- 4.2 Number of ducts_____

XIV. SURGEON ID

_____ - _____
 Center # Initials
 (2 char) (3 char)

