MC

NIDDK

Liver Transplantation Database

COMPLICATIONS - CMV INFECTION FORM

03/14/1990

FORM KEYS

Patient ID _____

Transplant No. _____

Date of Outcome Evaluation _____/_____/_____

COMPLETION LOG

Data Collector ID _____-_____
Center Initials

DATE

Data Collection _____/_____/_____

Data Entry _____/_____/_____

Sysid _____

Verification _____/_____/_____

Cleaned _____/_____/_____

Transfer _____/_____/_____
MM DD YY

MC

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PATIENT ID _____-_____

TRANSPLANT NUMBER _____

*** To be completed for EACH EPISODE OF CMV, whether treated or untreated. Outcome evaluation to be done: 1) at 6 weeks after onset of the infection; 2) again at 4 months for those not resolved at 6 weeks.

I. 1. Is this episode of CMV infection

__ 1. New
__ 2. Relapse IF RELAPSE Relapse no. _____
__ 3. Persistent CMV (CMV (+) prior to this transplant)
__ 4. Persistent CMV (CMV (+) since this transplant)
__ 5. Unresolved at 6 weeks but currently not present

IF 5Go to VIII. Outcome on p.4

2. From time of first transplant, were only CMV (-) blood products given? Yes__ No__ Unk__
3. Was prophylactic CMV therapy given within 30 days after the most recent transplant? Yes__ No__

IF YES, specify type _____
(30 char)

II. 1. Date of diagnosis (first positive culture and/or histology) of CMV infection _____/_____/_____
MM DD YY

2. What triggered suspicion of CMV infection (check all that apply) DATE

__ 2.1 CMV serology conversion _____/_____/_____
__ 2.2 Positive cultures/histology _____/_____/_____
__ 2.3 Elevated LFT's _____/_____/_____
__ 2.4 Clinical symptoms _____/_____/_____
MM DD YY

IF YES, check all that apply

__ 1. Arthralgias __ 2. Fever __ 3. GI symptoms
__ 4. Pneumonia __ 5. Other _____
specify (30 char)

3. Was diagnosis based on CMV serology conversion alone? Yes__ No__

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III. Was patient symptomatic during this episode? Yes__ No__

IF YES, check all that apply

	Date of Onset
__ 1. Arthralgias	_____/_____/_____
__ 2. Fever (Duration _____ days)	_____/_____/_____
__ 3. Jaundice	_____/_____/_____
__ 4. GI symptoms	_____/_____/_____
__ 5. Pneumonitis	_____/_____/_____
__ 6. Retinitis	_____/_____/_____
__ 7. Other _____ specify (30 char)	_____/_____/_____ MM DD YY

IV. SEVERITY INDEX during this episode

Specify worst (check one)

__ 1. Asymptomatic, outpatient/at home
__ 2. Asymptomatic, in hospital
__ 3. Symptomatic, outpatient/at home
__ 4. Symptomatic, in hospital/admitted for other reasons
__ 5. Symptomatic, in hospital/admitted for CMV
__ 6. Symptomatic, in hospital ICU

V. BIOCHEMICAL PARAMETERS during this episode

			DATE OF SAMPLE
1. Alkaline phosphatase (U/L):	highest value	__ __ __ __	_____/_____/_____
2. SGPT (ALT) (U/L):	highest value	__ __ __ __ __	_____/_____/_____
3. Gamma GTP (U/L):	highest value	__ __ __ __	_____/_____/_____
4. Total bilirubin (mg/dl):	highest value	__ __.__	_____/_____/_____
5. Platelet Count x10^3 (cells/mm^3):	lowest value	__ __ __ __	_____/_____/_____
6. WBC x10^3 (cells/mm^3):	lowest value	__ __.__	_____/_____/_____ MM DD YY

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VI. Were cultures/tests done during this episode? Yes__ No__

IF YES, check all that apply

	RESULTS Pos	Neg	DATE OF SAMPLE*
__ 1. Blood culture	____	____	_____/_____/_____
__ 2. BAL culture			
__ 2.1 Culture	____	____	_____/_____/_____
__ 2.2 Inclusion bodies	____	____	_____/_____/_____
__ 2.3 Immunoperoxidase monoclonal	____	____	_____/_____/_____
__ 2.4 Immunoperoxidase polyclonal	____	____	_____/_____/_____
__ 2.5 CMV DNA probing	____	____	_____/_____/_____
__ 3. CMV serology conversion ____	____		_____/_____/_____
__ 4. Urine culture	____	____	_____/_____/_____
__ 5. Liver biopsy			
__ 5.1 Culture	____	____	_____/_____/_____
__ 5.2 Inclusion bodies	____	____	_____/_____/_____
__ 5.3 Immunoperoxidase monoclonal	____	____	_____/_____/_____
__ 5.4 Immunoperoxidase polyclonal	____	____	_____/_____/_____
__ 5.5 CMV DNA probing	____	____	_____/_____/_____
__ 6. Open lung biopsy			
__ 6.1 Culture	____	____	_____/_____/_____
__ 6.2 Inclusion bodies	____	____	_____/_____/_____
__ 6.3 Immunoperoxidase monoclonal	____	____	_____/_____/_____
__ 6.4 Immunoperoxidase polyclonal	____	____	_____/_____/_____
__ 6.5 CMV DNA probing	____	____	_____/_____/_____
__ 7. GI biopsy			
__ 7.1 Culture	____	____	_____/_____/_____
__ 7.2 Inclusion bodies	____	____	_____/_____/_____
__ 7.3 Immunoperoxidase monoclonal	____	____	_____/_____/_____
__ 7.4 Immunoperoxidase polyclonal	____	____	_____/_____/_____
__ 7.5 CMV DNA probing	____	____	_____/_____/_____
__ 8. Other _____ specify (30 char)	____	____	_____/_____/_____ MM DD YY

* For first positive culture; or if always negative, date of most recent sample.

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VII. Was treatment given? Yes__ No__

IF YES, check all that apply

__ 1. Gancyclovir Dates: from _____/_____/_____ to _____/_____/_____
MM DD YY MM DD YY

Total dose _____ mg

__ 2. Reduce protocol immunosuppressive medications

__ 3. Other _____
specify (30 char)

VIII. Outcome (check one) Date of evaluation _____/_____/_____
MM DD YY

__ 1. Not evaluated; no cultures done

__ 2. Persistent CMV

IF YES, check all that apply

__ 2.1 Viuria

__ 2.2 Viremia

__ 2.3 Other _____
specify (30 char)

__ 3. Cure Date _____/_____/_____

__ 4. Retransplant Date _____/_____/_____

__ 5. Death from CMV Date _____/_____/_____

__ 6. Death from other causes Date _____/_____/_____
MM DD YY

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IX. COMMENTS: Yes__ No__

IF YES

(60 char/line)