



NIDDK

Liver Transplantation Database

COMPLICATIONS - NO REJECTION CLINICALLY DIAGNOSED

12/9/1991

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. _____

Sysid _____

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PATIENT ID _____ - _____

TRANSPLANT NO. _____

To be completed for each diagnosis of rejection on the Pathology Form (PP) that is not diagnosed as a rejection episode clinically and is not treated (i.e. is not documented on an MR Form).

I. 1. Biopsy date ____/____/____
MM DD YY

2. Biopsy results (check one)

- ___ 2.1 Consistent with humoral related rejection
- ___ 2.2 Consistent with, but not diagnostic of, acute cellular rejection
- ___ 2.3 Acute cellular rejection
- ___ 2.4 Resolving acute cellular rejection
- ___ 2.5 Consistent with chronic vascular rejection
- ___ 2.6 Consistent with vanishing bile duct syndrome

3. Other evidence or symptoms of rejection at this time? Yes___ No___

IF YES, check all that apply

___ 3.1 Clinical symptoms
___ 3.2 Increased LFT's
___ 3.3 Other _____ specify (20 char)

4. Is viral hepatitis suspected? Yes___ No___

IF YES, check all that apply

___ 4.1 B	___ 4.4 CMV	___ 4.7 Other _____
___ 4.2 B & D	___ 4.5 EBV	specify (30 char)
___ 4.3 C	___ 4.6 Unknown	

5. Other suspected problems _____
specify (30 char)

PATIENT ID _____ - _____

6. Biochemical Parameters (done before date of biopsy)

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- 1. Date of blood sample ____/____/____
MM DD YY
- 2. Were labs done at Tx center? Yes__ No__
- 3. Alkaline phosphatase (U/L) ____ _ . ____
- 4. Total bilirubin (mg/dl) ____ _ . ____
- 5. Direct bilirubin (mg/dl) ____ _ . ____
- 6. Gamma GTP (U/L) ____ _ . ____
- 7. SGOT (AST) (U/L) ____ _ . ____
- 8. SGPT (ALT) (U/L) ____ _ . ____

7. Action taken? Yes__ No__

IF YES, check all that apply

<input type="checkbox"/> 7.1 Increase immunosuppressive meds. <input type="checkbox"/> 7.2 Antiviral meds. given <input type="checkbox"/> 7.3 Other _____ specify (30 char)
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II. COMMENTS: Yes__ No__

IF YES

(60 char/line)