

Post-Transplant Status
NIDDK Liver Transplantation Database

Patient ID _____

| Sysid | TX No. | Date of Change | Activation Status | UNOS Status (if activated) | Contraindication | | | Possibly Reversible | |
|-------|----------|----------------------------|-------------------|----------------------------|------------------|-----------|----------|--|-------|
| | | | | | Medical | Financial | Personal | Yes | No |
| _____ | 1. _____ | ____/____/____ MM DD YY | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | | | | IF NO, | |
| | | | | | | | | _____ (specify reason, 30 characters) | |
| _____ | 2. _____ | ____/____/____ MM DD YY | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | | | | IF NO, | |
| | | | | | | | | _____ (specify reason, 30 characters) | |
| _____ | 3. _____ | ____/____/____ MM DD YY | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | | | | IF NO, | |
| | | | | | | | | _____ (specify reason, 30 characters) | |
| _____ | 4. _____ | ____/____/____ MM DD YY | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | | | | | | | | IF NO, | |
| | | | | | | | | _____ (specify reason, 30 characters) | |

UNOS Status

04/15/90 to 12/31/90

1. At home
2. Hospitalized (not in ICU)
3. Intensive care-bound due to liver disease state
4. Acute fulminant hepatic failure, anhepatic or near anhepatic (including primary graft failure)

01/01/91 to 06/30/95

1. At home and functioning normally
2. Continuous medical care
3. Continuously hospitalized
4. ICU, acute and chronic liver failure

Activation Status

1. Medically acceptable
2. Suitable, but too well
3. Contraindications