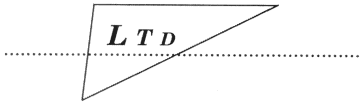


RU



NIDDK
Liver Transplantation Database
REJECTION UPDATE FORM

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. _____

Update No. _____

REJECTION UPDATE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

TRANSPLANT NO. _____

To be completed monthly for rejection episodes that were not "resolved" at a previous timepoint.

I. EPISODE NO. _____ (From previous MR Form)

UPDATE NO. _____

1. Patient's immunosuppressive therapy at time of this update (check one)

1.1 Protocol

1.2 Reduced

1.3 None

IF PROTOCOL or REDUCED, check all that apply

<input type="checkbox"/> 1. CsA	<input type="checkbox"/> 6. ATG
<input type="checkbox"/> 2. Prednisone	<input type="checkbox"/> 7. FK506
<input type="checkbox"/> 3. Imuran	<input type="checkbox"/> 8. RS-61443
<input type="checkbox"/> 4. OKT3	<input type="checkbox"/> 9. Other _____
<input type="checkbox"/> 5. ALG	specify (30 char)

2. Other ASSOCIATED CONDITIONS during this time period? Yes___ No___

IF YES, check all that apply

<input type="checkbox"/> 2.1 Biliary leak
<input type="checkbox"/> 2.2 Biliary stenosis
<input type="checkbox"/> 2.3 Hepatic artery thrombosis
<input type="checkbox"/> 2.4 CMV infection
<input type="checkbox"/> 2.5 Other viral infections
<input type="checkbox"/> 2.6 Bacterial cholangitis
<input type="checkbox"/> 2.7 Bacterial infection
<input type="checkbox"/> 2.8 Other infections _____
specify (30 char)
<input type="checkbox"/> 2.9 Portal vein thrombosis
<input type="checkbox"/> 2.10 Hepatic vein thrombosis

REJECTION UPDATE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

II. TREATMENT given (or continued) since MR or last update for this episode of rejection? Yes__ No__

1. IF NO

specify reason _____
(30 char)

2. IF YES, list all treatment codes as specified on opposite page

CODE	SPECIFY IF "OTHER"	TOTAL DOSE (For Bolus and FK506)		RECYCLE DOSE	
		FROM	TO	FROM	TO
1. _____	_____	__/__/__	__/__/__	_____	_____
2. _____	_____	__/__/__	__/__/__	_____	_____
3. _____	_____	__/__/__	__/__/__	_____	_____
4. _____	_____	__/__/__	__/__/__	_____	_____
5. _____	_____	__/__/__	__/__/__	_____	_____
6. _____	_____	__/__/__	__/__/__	_____	_____
7. _____	_____	__/__/__	__/__/__	_____	_____
8. _____	_____	__/__/__	__/__/__	_____	_____

REJECTION UPDATE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

9. _____ / / / / / / / /

10. _____ / / / / / / / /

specify (20 char)

MM DD YY

MM DD YY

REJECTION UPDATE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

11. Has treatment ended? Yes__ No__

IF YES, record labs done at end of treatment

IF NO, record most recent labs prior to update

11.1 Date of blood draw ____/____/____
MM DD YY

11.2 Were labs done at center? Yes__ No__

11.3 Alkaline phosphatase (U/L) _____

11.4 Total bilirubin (mg/dl) _____

11.5 Direct bilirubin (mg/dl) _____

11.6 Gamma GTP (U/L) _____

11.7 SGOT (AST) (U/L) _____

11.8 SGPT (ALT) (U/L) _____

REJECTION UPDATE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

III. LIVER BIOPSY

1. Has a biopsy been done since the "Overall Outcome" on the MR form or the last RU form?

Yes__ No__

IF YES

1.1 Date of biopsy showing resolution or date of most recent biopsy	____/____/____ MM DD YY
1.2 Biopsy results (check one)	
__ 1.2.1 Complete resolution	
__ 1.2.2 Resolving rejection (improved)	
__ 1.2.3 Continued rejection (persistent)	
__ 1.2.4 Non-diagnostic	
1.3 Were biochemical tests done at the time of this biopsy?	Yes__ No__
(use the tests done closest in time <u>before</u> the date of biopsy)	
IF YES	
1.3.1 Date	____/____/____ MM DD YY
1.3.2 Were labs done at center?	Yes__ No__
1.3.3 Alkaline phosphatase (U/L)	____.____
1.3.4 Total bilirubin (mg/dl)	____.____
1.3.5 Direct bilirubin (mg/dl)	____.____
1.3.6 Gamma GTP (U/L)	____.____
1.3.7 SGOT (AST) (U/L)	____.____
1.3.8 SGPT (ALT) (U/L)	____.____

REJECTION UPDATE FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

IV. OVERALL OUTCOME of rejection episode
(check all that apply)

Date of update _____ / _____ / _____
MM DD YY

__ 1. Histologic (check one)

<input type="checkbox"/> 1.1 Resolving rejection (improved)	
<input type="checkbox"/> 1.2 Continued rejection (persistent)	
<input type="checkbox"/> 1.3 Resolution	Date _____ / _____ / _____ MM DD YY

__ 2. Biochemical (check one)

<input type="checkbox"/> 2.1 Resolving rejection (improved)	
<input type="checkbox"/> 2.2 Continued rejection (persistent)	
<input type="checkbox"/> 2.3 Resolution	Date _____ / _____ / _____ MM DD YY (if known)

__ 3. Clinical (check one)

<input type="checkbox"/> 3.1 Resolving rejection (improved)	
<input type="checkbox"/> 3.2 Continued rejection (persistent)	
<input type="checkbox"/> 3.3 Resolution	Date _____ / _____ / _____ MM DD YY (if known)

__ 4. Other (check all that apply)

<input type="checkbox"/> 4.1 Failure of immunosuppression								
<input type="checkbox"/> 4.2 Chronic rejection								
<input type="checkbox"/> 4.3 Misdiagnosis								
IF Misdiagnosed, check all that apply								
<table border="1"> <tr> <td><input type="checkbox"/> 4.3.1 Hepatitis B</td> <td><input type="checkbox"/> 4.3.5 EBV</td> </tr> <tr> <td><input type="checkbox"/> 4.3.2 Hepatitis B & D</td> <td><input type="checkbox"/> 4.3.6 Unknown</td> </tr> <tr> <td><input type="checkbox"/> 4.3.3 Hepatitis C</td> <td><input type="checkbox"/> 4.3.7 Other _____</td> </tr> <tr> <td><input type="checkbox"/> 4.3.4 CMV</td> <td>specify (30 char)</td> </tr> </table>	<input type="checkbox"/> 4.3.1 Hepatitis B	<input type="checkbox"/> 4.3.5 EBV	<input type="checkbox"/> 4.3.2 Hepatitis B & D	<input type="checkbox"/> 4.3.6 Unknown	<input type="checkbox"/> 4.3.3 Hepatitis C	<input type="checkbox"/> 4.3.7 Other _____	<input type="checkbox"/> 4.3.4 CMV	specify (30 char)
<input type="checkbox"/> 4.3.1 Hepatitis B	<input type="checkbox"/> 4.3.5 EBV							
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<input type="checkbox"/> 4.3.3 Hepatitis C	<input type="checkbox"/> 4.3.7 Other _____							
<input type="checkbox"/> 4.3.4 CMV	specify (30 char)							
<input type="checkbox"/> 4.4 Other _____ specify (30 char)								

Treatment Codes

1. ALG
2. ATG
3. OKT3
4. Recycled Corticosteroids
5. Other
6. Bolus Corticosteroids
7. FK506