

NIDDK Liver Transplantation Database
SCREENING LOG

Site Number: _____

Page Number: _____

Log all patients at the time they are first seen at the center for evaluation for liver transplantation. See codes on reverse for * items.

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Line No.	Patient Name (Not computer entered)	Name Code 1st 3 letters	Date first seen for OLTx eval.	Ref Liver Dx *	Sex	Age (yrs)	Race *	EXCLUSION CRITERIA (If any Y or U exclude from LTD)		
								Prior OLTx	Refused Consent	Unable to Follow
0		__ __ __	/ /		M F			Y N	Y N U H	Y N
1		__ __ __	/ /		M F			Y N	Y N U H	Y N
2		__ __ __	/ /		M F			Y N	Y N U H	Y N
3		__ __ __	/ /		M F			Y N	Y N U H	Y N
4		__ __ __	/ /		M F			Y N	Y N U H	Y N
5		__ __ __	/ /		M F			Y N	Y N U H	Y N
6		__ __ __	/ /		M F			Y N	Y N U H	Y N
7		__ __ __	/ /		M F			Y N	Y N U H	Y N
8		__ __ __	/ /		M F			Y N	Y N U H	Y N
9		__ __ __	/ /		M F			Y N	Y N U H	Y N

LIVER DISEASE DIAGNOSES

1. Acute hepatitis A
2. Acute hepatitis B
3. Acute hepatitis B and D
4. Acute hepatitis C
5. Acute hepatitis other (specify: e.g. drug or toxin, presumed viral, CMV, EBV, etc.)
6. Acute hepatitis of unknown cause
7. Alcoholic liver disease (Laennec's cirrhosis)
8. Alpha-1-antitrypsin deficiency
9. Benign tumor (specify: e.g. adenoma)
10. Biliary atresia
11. Budd-Chiari syndrome
12. Chronic cholestatic syndrome of childhood (specify: e.g. Bylers, Alagilles, non-syndromatic paucity of bile ducts, etc.)
13. Chronic autoimmune (lupoid) hepatitis/cirrhosis
14. Chronic hepatitis B/cirrhosis
15. Chronic hepatitis B and D/cirrhosis
16. Chronic hepatitis C/cirrhosis
17. Chronic hepatitis/cirrhosis other (specify: e.g. drug or toxin, presumed viral, etc.)
18. Chronic hepatitis/cirrhosis of unknown cause
19. Congenital biliary and fibrocystic disease (specify: e.g. congenital hepatic fibrosis, Caroli's disease, polycystic liver disease, choledochal cyst, etc.)
20. Glycogen storage disease (specify type)
21. Hemochromatosis
22. Homozygous hypercholesterolemia
23. Hyperalimentation-induced liver disease
24. Malignancy, cholangiocarcinoma
25. Malignancy, fibrolamellar hepatocellular carcinoma
26. Malignancy, hepatocellular carcinoma
27. Malignancy, other (specify: e.g. angiosarcoma, hemangioendothelioma, hepatoblastoma, etc.)
28. Metastatic malignancy (specify: e.g. carcinoma of breast, colon, lung, etc.)
29. Neonatal or pediatric post-hepatitic cirrhosis
30. Primary biliary cirrhosis
31. Primary sclerosing cholangitis
32. Secondary biliary cirrhosis (specify cause: e.g. gall stones, stricture, etc.)
33. Tyrosinemia
34. Wilson's disease
35. Other (specify: e.g. trauma, cystic fibrosis, etc.)

CODES FOR RACE

- | | |
|----------------------|---------------------|
| 1. Caucasian | 5. Oriental Pacific |
| 2. Black | 6. Mideast. Arab |
| 3. Am. Indian/Eskimo | 7. Indian Subcont. |
| 4. Hispanic | 8. Other |