



NIDDK
 Liver Transplantation Database
CHANGE OF DIAGNOSIS FORM
 for
THE NATIVE LIVER
 07/30/1993

COMPLETION LOG

Data Collector ID	_____ - _____
	Center Initials
	DATE
Data Collection	____/____/____
Data Entry	____/____/____
Sysid	_____
Verification	____/____/____
Cleaned	____/____/____
Transfer	____/____/____
	MM DD YY

FORM KEYS

Patient ID _____
 Date of Diagnosis Change ____/____/____

CHANGE OF DIAGNOSIS FORM FOR THE NATIVE LIVER
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

DATE OF DIAGNOSIS CHANGE ____/____/____
MM DD YY

This form is to be completed upon subsequent evidence, based on new test results, that the diagnosis of liver disease of the native liver has changed from that determined at the time of transplant as recorded on the PO Form.

I. FINAL DIAGNOSIS CHANGE

1. Primary diagnosis: enter code from the list of Liver Disease Diagnoses; and specify as appropriate.

Code	Specification (for #5, 9, 12, 17, 19, 20, 27, 28, 32, 35)
1.1 _____	_____
	specify (30 char)

1.2 Is this a change from the PO form? Yes ___ No ___

IF YES, check all that apply for **basis for diagnosis change**

<input type="checkbox"/>	1.2.1 Liver pathology (gross and microscopic)
<input type="checkbox"/>	1.2.2 Laboratory test results _____ specify (30 char)
<input type="checkbox"/>	1.2.3 Radiology _____ specify (30 char)
<input type="checkbox"/>	1.2.4 Clinical history _____ specify (30 char)
<input type="checkbox"/>	1.2.5 Other _____ specify (30 char)

2. Secondary Diagnoses 1: enter code from the list of Liver Disease Diagnoses, and specify as appropriate.

Code	Specification (for #5, 9, 12, 17, 19, 20, 27, 28, 32, 35)
2.1 _____	_____
	specify (30 char)

2.2 Is this a change from the PO form? Yes ___ No ___

IF YES, check all that apply for **basis for diagnosis change**

<input type="checkbox"/>	2.2.1 Liver pathology (gross and microscopic)
<input type="checkbox"/>	2.2.2 Laboratory test results _____ specify (30 char)
<input type="checkbox"/>	2.2.3 Radiology _____ specify (30 char)
<input type="checkbox"/>	2.2.4 Clinical History _____ specify (30 char)
<input type="checkbox"/>	2.2.5 Other _____ specify (30 char)

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3. Secondary Diagnoses 2: enter code from the list of Liver Disease Diagnoses, and specify as appropriate.

Code	Specification
	(for #5, 9, 12, 17, 19, 20, 27, 28, 32, 35)
3.1 _____	_____
	specify (30 char)

3.2 Is this a change from the PO form? Yes ___ No ___

IF YES, check all that apply for **basis for diagnosis change**

<input type="checkbox"/> 3.2.1 Liver pathology (gross and microscopic)
<input type="checkbox"/> 3.2.2 Laboratory test results _____ specify (30 char)
<input type="checkbox"/> 3.2.3 Radiology _____ specify (30 char)
<input type="checkbox"/> 3.2.4 Clinical History _____ specify (30 char)
<input type="checkbox"/> 3.2.5 Other _____ specify (30 char)

4. Secondary Diagnoses 3: enter code from the list of Liver Disease Diagnoses, and specify as appropriate.

Code	Specification
	(for #5, 9, 12, 17, 19, 20, 27, 28, 32, 35)
4.1 _____	_____
	specify (30 char)

4.2 Is this a change from the PO form? Yes ___ No ___

IF YES, check all that apply for **basis for diagnosis change**

<input type="checkbox"/> 4.2.1 Liver pathology (gross and microscopic)
<input type="checkbox"/> 4.2.2 Laboratory test results _____ specify (30 char)
<input type="checkbox"/> 4.2.3 Radiology _____ specify (30 char)
<input type="checkbox"/> 4.2.4 Clinical History _____ specify (30 char)
<input type="checkbox"/> 4.2.5 Other _____ specify (30 char)

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. Hyeralimentation-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.)

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