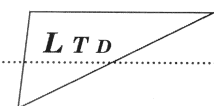


DF



NIDDK
Liver Transplantation Database

DONOR FORM

01/30/1991

DONOR ID _____

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. _____

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

TRANSPLANT NO. _____

_____/_____/_____
MM DD YY

DATE OF START OF HEPATECTOMY
MM DD YY

To be abstracted from the donor chart by the clinical coordinator or the procurement personnel.

I. Was medical chart available? Yes__ No__

II. DEMOGRAPHIC DATA

1. Birthdate ____/____/____
MM DD YY

OR IF UNOBTAINABLE

1.1 Specify age ____ yrs. ____ mos.

2. Sex 1. Male__ 2. Female__

3. Height ____ cm inches x 2.54

4. Weight ____ kg lbs) 2.2

5. Blood type (check one) 1. A __ 2. B __ 3. AB __ 4. O __

6. Rh factor (check one) Pos __ Neg __

7. Race/ethnic background (check one)

1. Caucasian__ 2. Black__ 3. Am. Indian/Eskimo__ 4. Hispanic__ 5. Oriental Pacific__

6. Mideast, Arab__ 7. Indian Subcont.__ 8. Other _____ 9. Unk__
specify (30 char)

III. HOSPITALIZATIONS

1. Date of admission for injury/illness ____/____/____
MM DD YY

2. Was donor ever in the ICU? Yes__ No__ Unk__

IF YES 2.1 Total duration in ICU ____ days

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

IV. CAUSE OF DEATH (check one)

TRAUMA

- 1. Gunshot wound (head)
- 2. Other head injury
- 3. Motor vehicle accident
- 4. Severe fall

CNS AND DISEASE RELATED

- 11. Brain tumor
- 12. Spontaneous intracranial bleeding
- 13. Meningitis
- 14. Seizure disorder
- 15. VP shunt obstruction

ANOXIA/HYPOXIA

- 5. Burning with asphyxia
- 6. Drowning
- 7. Hanging/Strangulation
- 8. Intraoperative anoxia
- 9. SIDS
- 10. Anoxia, other _____
specify (30 char)

DRUGS/TOXINS

- 16. Carbon monoxide
- 17. Narcotics overdose
- _____
- specify (30 char)

MISCELLANEOUS

- 18. Other _____
specify (30 char)

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

V. PRE-EXISTING/COEXISTING CONDITIONS Yes No Unk

DRUGS/TOXINS

- 1.1 Alcohol: acute intoxication ___ ___ ___
- 1.2 Alcohol: chronic use ___ ___ ___
- 2.1 Drug: current use ___ ___ ___
- 2.2 Drug: chronic use ___ ___ ___

CIRCULATORY

- 3. Cardiac disease (preexisting) ___ ___ ___
- 4. Hypertension ___ ___ ___

IF YES	4.1 Was it treated?	___	___	___
--------	---------------------	-----	-----	-----

CNS

- 5. CNS malignancy ___ ___ ___
- 6. Seizure disorder (treated) ___ ___ ___

INFECTIONS

- 7. Hepatitis (history of clinical) _____
specify type (30 char) ___ ___ ___
- 8. Other current infections ___ ___ ___

	Site	Organism
IF YES	8.1 _____	_____
	8.2 _____	_____
	8.3 _____	_____
	8.4 _____ specify (30 char)	_____ specify (30 char)

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

MISCELLANEOUS

Yes No Unk

9. Congenital anomalies _____
specify (30 char)

10. Diabetes Mellitus _____

IF YES 10.1 insulin dependent? _____

11. Hyperglycemia (untreated) _____

12. Pulmonary disease _____

13. Renal disease _____

14. Nutritional support _____

IF YES
__ 14.1 Hyperalimentation 14.1.1 Duration ____ days
__ 14.2 Enteral 14.2.1 Duration ____ days

15. Other _____

IF YES
15.1 _____
15.2 _____
15.3 _____
15.4 _____
specify (30 char)

VI. PRE-HARVEST EPISODES

1. Cardiac arrests (pulseless) _____

2. Acidosis (pH < 7.3) _____

3. Hypothermia (°C < 32.5) _____

4. Hyperthermia (°C > 38.5) _____

5. Hypoxemia (PaO₂ < 60 on FiO₂ > 70) _____

6. Lowest systolic blood pressure/accompanying diastolic
(sustained for at least 1/2 hour) _____/_____ mmHg

systolic diastolic

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

VII. MEDICATIONS GIVEN FROM TIME OF INJURY/ILLNESS Yes__ No__ Unk__

IF YES, code as specified in Appendix I

CODE	NAME (30 characters)	Check here if <u>Other</u> Med.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

VIII. BLOOD TRANSFUSIONS (WB or PRBC) from time of injury/illness Yes__ No__ Unk__

IX. LABORATORY DATA AT TIME OF SELECTION AS DONOR Date of Sample ____/____/____
MM DD YY

- | | | | |
|--------------------------|-------------------------|---------------|------|
| 1. Total bilirubin | ____.____mg/dl | Not Done (-2) | ____ |
| 2. Direct bilirubin | ____.____mg/dl | | ____ |
| 3. SGOT | ____U/L | | ____ |
| 4. SGPT | ____U/L | | ____ |
| 5. BUN | ____.____mg/dl | | ____ |
| 6. Creatinine | ____.____mg/dl | | ____ |
| 7. Prothrombin time (PT) | ____.____/____.____secs | | ____ |
| | Patient Control | | |

8. BLOOD ALCOHOL test done at time of admission? Yes__ No__

IF YES

8.1 Date obtained	____/____/____ MM DD YY
8.2 Blood alcohol level (mg%)	____

9. TOXICOLOGY SCREEN done at time of admission? Yes__ No__

IF YES

9.1 Date done	____/____/____ MM DD YY										
9.2 Were there <u>POSITIVE</u> results?	Yes__ No__										
IF YES	<table border="1"> <tr><td>9.2.1</td><td>_____</td></tr> <tr><td>9.2.2</td><td>_____</td></tr> <tr><td>9.2.3</td><td>_____</td></tr> <tr><td>9.2.4</td><td>_____</td></tr> <tr><td></td><td>specify (30 char)</td></tr> </table>	9.2.1	_____	9.2.2	_____	9.2.3	_____	9.2.4	_____		specify (30 char)
9.2.1	_____										
9.2.2	_____										
9.2.3	_____										
9.2.4	_____										
	specify (30 char)										

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

TESTS MAY BE DONE AT RECIPIENT HOSPITAL

10. INFECTIOUS DISEASE SCREEN

Date of Sample _____/_____/_____
MM DD YY

	RESULTS		Not Done (-2)
	Pos	Neg	
10.1 Anti-CMV IgG	___	___	___

If POSITIVE Titer _____

10.2 HBsAg	___	___	___
10.3 Anti-HBs	___	___	___
10.4 Anti-HBc	___	___	___
10.5 Anti-HCV	___	___	___
10.6 Anti-HIV	___	___	___
10.7 Anti-HTLV1	___	___	___
10.8 <u>Routine Blood Culture</u>			
10.8.1 Bacteria	___	___	___

IF POSITIVE specify _____
(30 char)

10.8.2 Other _____

specify (30 char)

10.8.3 Other _____

specify (30 char)

DONOR FORM
NIDDK Liver Transplantation Database

RECIPIENT ID _____ - _____

TESTS TO BE DONE AT RECIPIENT HOSPITAL

11. IMMUNOLOGY

11.1 HISTOCOMPATIBILITY TESTING

Date of Sample _____ / _____ / _____
MM DD YY

Record results as given: code -3 for blanks, -2 for not tested.

- 11.1.1 HLA-A _____ / _____
- 11.1.2 HLA-B _____ / _____
- 11.1.3 HLA-DR _____ / _____

The following are optional; record if done

- 11.1.4 HLA-BW4/6 _____ / _____
- 11.1.5 HLA-C _____ / _____
- 11.1.6 HLA-DRW52/53 _____ / _____
- 11.1.7 HLA-DQ _____ / _____
- 11.1.8 HLA-DP _____ / _____

