

NIDDK Liver Transplantation Database
POST-TRANSPLANTATION FINAL FOLLOW-UP
Report Date: _____

Patient ID _____

1. Date of patient/physician contact

____/____/____
MM DD YY

2. Patient status (check one)

___ 2.1 Alive

___ 2.2 Died → Complete Death Form - MD

a. Date of death _____
MM DD YY

___ 2.3 Lost to follow-up

a. Date of last contact _____
MM DD YY

___ 2.4 Refused consent

3. Was patient retransplanted after JUNE 30, 1995? _____ Yes _____ No

- | |
|--|
| Reasons for retransplantation |
| 1. Primary nonfunction |
| 2. Rejection, specify acute or chronic, if known |
| 3. Hepatic artery thrombosis |
| 4. Other, specify |

a. Date of 1st retransplant _____
MM DD YY

Reason for re-transplant _____

___ 3.1 LTD Center

___ 3.2 Elsewhere

specify (30 char)

b. Date of 2nd retransplant _____
MM DD YY

Reason for re-transplant _____

___ 3.3 LTD Center

___ 3.4 Elsewhere

specify (30 char)

c. Date of 3rd retransplant _____
MM DD YY

Reason for re-transplant _____

___ 3.5 LTD Center

___ 3.6 Elsewhere

specify (30 char)

COMPLETION LOG

Data Collector ID	_____
Data Collection	____/____/____
Data Entry	____/____/____
	MM DD YY
Sysid	_____