



NIDDK

Liver Transplantation Database

LIVING DONOR FOLLOW-UP FORM

05/10/1993

FORM KEYS

Patient ID _____

Transplant No. _____

Evaluation Timepoint _____



LIVING DONOR FOLLOW-UP FORM
 NIDDK Liver Transplantation Database

COMPLETION LOG

PROTOCOL TIMEPOINT	DAY 1	DAY 3	WEEK 1	WEEK 3	MONTH 3	MONTH 6
Data Collector						
Date Completion	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Entry	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Sysid *						
Verification	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Cleaned	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Transferred	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

PROTOCOL TIMEPOINT	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	DEATH	LOST TO F/U
Data Collector							
Date Completion	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Entry	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Sysid *							
Verification	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Cleaned	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Transferred	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__



LIVING DONOR FOLLOW-UP FORM
 NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

TRANSPLANT NO. _____

EVALUATION TIMEPOINT
 (Allowable Days)

1. DAY 1 0 - 1	2. DAY 3 2 - 4	3. WEEK 1 5 - 9	4. WEEK 3 13 - 30	5. MONTH 3 mos 2 - 4	6. MONTH 6 mos 5 - 7
-------------------	-------------------	--------------------	----------------------	-------------------------	-------------------------

I. EVALUATION DATE

MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
----------	----------	----------	----------	----------	----------

1. PATIENT LOCATION
 (Code: 1-ICU/Stepdown unit,
 2-Hospital/Floor, 3-Home)

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

2. FUNCTIONAL STATUS
 (Code: 1-In bed, 2-Ambulatory,
 3-Returned to normal activities)

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

**3. DISCHARGED FROM ICU
 FIRST TIME**
 IF YES,

Y N	Y N	Y N	Y N	Y N	Y N
-----	-----	-----	-----	-----	-----

3.1 Date of discharge	MM DD YY	MM DD YY	MM DD YY	MM DD YY	MM DD YY
-----------------------	----------	----------	----------	----------	----------

4. NUMBER OF DAYS IN ICU

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------

5. NUMBER OF ICU READMISSIONS

_____	_____	_____	_____	_____	_____
-------	-------	-------	-------	-------	-------



LIVING DONOR FOLLOW-UP FORM
 NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

EVALUATION TIMEPOINT (Allowable Days)	1. DAY 1 0 - 1	2. DAY 3 2 - 4	3. WEEK 1 5 - 9	4. WEEK 3 13 - 30	5. MONTH 3 mos 2 - 4	6. MONTH 6 mos 5 - 7
6. DISCHARGED FROM HOSPITAL FIRST TIME	Y N	Y N	Y N	Y N	Y N	Y N
IF YES,						
6.1 Date of discharge	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY
7. NUMBER OF DAYS IN HOSPITAL	_____	_____	_____	_____	_____	_____
8. NUMBER OF HOSPITAL READMISSIONS	_____	_____	_____	_____	_____	_____
9. CT SCAN DONE?	Y N	Y N	Y N	Y N	Y N	Y N
IF YES,						
9.1 Date	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY
9.2 Results normal?	Y N	Y N	Y N	Y N	Y N	Y N
If NO, 9.2.1 specify (30 char.)	_____	_____	_____	_____	_____	_____



LIVING DONOR FOLLOW-UP FORM
 NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

EVALUATION TIMEPOINT
 (Allowable Days)

- | 1. DAY 1
0 - 1 | 2. DAY 3
2 - 4 | 3. WEEK 1
5 - 9 | 4. WEEK 3
13 - 30 | 5. MONTH 3
mos 2 - 4 | 6. MONTH 6
mos 5 - 7 |
|-------------------|-------------------|--------------------|----------------------|-------------------------|-------------------------|
|-------------------|-------------------|--------------------|----------------------|-------------------------|-------------------------|

II. LABORATORY RESULTS

DATE OF SAMPLE

<u> </u> / <u> </u> / <u> </u> MM DD YY	<u> </u> / <u> </u> / <u> </u> MM DD YY	<u> </u> / <u> </u> / <u> </u> MM DD YY	<u> </u> / <u> </u> / <u> </u> MM DD YY	<u> </u> / <u> </u> / <u> </u> MM DD YY	<u> </u> / <u> </u> / <u> </u> MM DD YY
---	---	---	---	---	---

1. WBC x 10 ³ (cells/mm ³)	_____	_____	_____	_____	_____
2. Hematocrit (%)	_____	_____	_____	_____	_____
3. Platelet count x 10 ³ (cells/mm ³)	_____	_____	_____	_____	_____
4. PT (pt/control) (sec)	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>
5. PTT (pt/control) (sec)	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>
6. SGOT (AST) (U/L)	_____	_____	_____	_____	_____
7. Alkaline Phosphatase (U/L)	_____	_____	_____	_____	_____
8. Total Bilirubin (mg/dl)	_____	_____	_____	_____	_____
9. Albumin (g/dl)	_____	_____	_____	_____	_____
10. Blood Urea Nitrogen (mg/dl)	_____	_____	_____	_____	_____
11. Creatinine (mg/dl)	_____	_____	_____	_____	_____

LIVING DONOR FOLLOW-UP FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

EVALUATION TIMEPOINT
(Allowable Days)

1. DAY 1 0 - 1	2. DAY 3 2 - 4	3. WEEK 1 5 - 9	4. WEEK 3 13 - 30	5. MONTH 3 mos 2 - 4	6. MONTH 6 mos 5 - 7
-------------------	-------------------	--------------------	----------------------	-------------------------	-------------------------

III. LIVER INSUFFICIENCY
(SGOT>200 U/L, or PT> 15 sec, or T. Bili > 2.5 mg/dl)

Y N	Y N	Y N	Y N	Y N	Y N
-----	-----	-----	-----	-----	-----

IF YES,

Date of Sample (time of diagnosis)	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY
SGOT (AST) (U/L)	_____	_____	_____	_____	_____	_____
PT (pt/control) (sec)	____/____	____/____	____/____	____/____	____/____	____/____
Total Bilirubin (mg/dl)	_____	_____	_____	_____	_____	_____

IV. OTHER COMPLICATIONS
(Since previous evaluation)

Y N	Y N	Y N	Y N	Y N	Y N
-----	-----	-----	-----	-----	-----

IF YES,

V. COMMENTS:

Yes ___ No ___

IF YES,

(60 char/line)



LIVING DONOR FOLLOW-UP FORM
 NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

TRANSPLANT NO. _____

EVALUATION TIMEPOINT
 (Allowable Days)

7. YEAR 1 +/- 2 mos	8. YEAR 2 +/- 2 mos	9. YEAR 3 +/- 2 mos	10. YEAR 4 +/- 2 mos	11. YEAR 5 +/- 2 mos	____ 12. DEATH or ____ 13. LOST TO F/U (check one)
____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
		MM DD YY	MM DD YY	MM DD YY	MM DD YY

I. EVALUATION DATE

DATE ____/____/____ MM DD YY Cause, specify _____ (30 char)
--

If DEATH or LOST TO FOLLOW-UP,

1. PATIENT LOCATION

(Code: 1-ICU/Stepdown unit,
 2-Hospital/Floor, 3-Home)

2. FUNCTIONAL STATUS

(Code: 1-in bed, 2-Ambulatory,
 3-Returned to normal activities)

**3. DISCHARGED FROM ICU
 FIRST TIME**

IF YES,

3.1 Date of discharge	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
-----------------------	----------------	----------------	----------------	----------------	----------------	----------------

4. NUMBER OF DAYS IN ICU

5. NUMBER OF ICU READMISSIONS



LIVING DONOR FOLLOW-UP FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

EVALUATION TIMEPOINT (Allowable Days)	7. YEAR 1 +/- 2 mos	8. YEAR 2 +/- 2 mos	9. YEAR 3 +/- 2 mos	10. YEAR 4 +/- 2 mos	11. YEAR 5 +/- 2 mos	____ 12. DEATH or ____ 13. LOST TO F/U (check one)
6. DISCHARGED FROM HOSPITAL FIRST TIME	Y N	Y N	Y N	Y N	Y N	Y N
IF YES,						
6.1 Date of discharge	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY
7. NUMBER OF DAYS IN HOSPITAL	_____	_____	_____	_____	_____	_____
8. NUMBER OF HOSPITAL READMISSIONS	_____	_____	_____	_____	_____	_____
9. CT SCAN DONE?	Y N	Y N	Y N	Y N	Y N	Y N
IF YES,						
9.1 Date	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY
9.2 Results normal?	Y N	Y N	Y N	Y N	Y N	Y N
If NO, 9.2.1 specify (30 char.)	_____	_____	_____	_____	_____	_____



LIVING DONOR FOLLOW-UP FORM
 NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

EVALUATION TIMEPOINT
 (Allowable Days)

7. YEAR 1
 +/- 2 mos

8. YEAR 2
 +/- 2 mos

9. YEAR 3
 +/- 2 mos

10. YEAR 4
 +/- 2 mos

11. YEAR 5
 +/- 2 mos

____ 12. DEATH
 or
 ____ 13. LOST TO F/U
 (check one)

II. LABORATORY RESULTS

DATE OF SAMPLE

____/____/____
 MM DD YY

____/____/____
 -

____/____/____
 MM DD YY

____/____/____
 MM DD YY

____/____/____
 MM DD YY

____/____/____
 MM DD YY

1. WBC x 10³ (cells/mm³)

2. Hematocrit (%)

3. Platelet count x 10³ (cells/mm³)

4. PT (pt/control) (sec)

____/____

____/____

____/____

____/____

____/____

____/____

5. PTT (pt/control) (sec)

____/____

____/____

____/____

____/____

____/____

____/____

6. SGOT (AST) (U/L)

7. Alkaline Phosphatase (U/L)

8. Total Bilirubin (mg/dl)

9. Albumin (g/dl)

10. Blood Urea Nitrogen (mg/dl)

11. Creatinine (mg/dl)

LIVING DONOR FOLLOW-UP FORM
NIDDK Liver Transplantation Database

PATIENT ID _____ - _____

EVALUATION TIMEPOINT
(Allowable Days)

7. YEAR 1
+/- 2 mos

8. YEAR 2
+/- 2 mos

9. YEAR 3
+/- 2 mos

10. YEAR 4
+/- 2 mos

11. YEAR 5
+/- 2 mos

____ 12. DEATH
or
____ 13. LOST TO F/U
(check one)

III. LIVER INSUFFICIENCY
(SGOT>200 U/L, or PT> 15
sec, or T. Bili > 2.5 mg/dl)

Y N

Y N

Y N

Y N

Y N

Y N

IF YES,

Date of Sample (time of diagnosis)	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY	____/____/____ MM DD YY
SGOT (AST) (U/L)	_____	_____	_____	_____	_____	_____
PT (pt/control) (sec)	____/____	____/____	____/____	____/____	____/____	____/____
Total Bilirubin (mg/dl)	_____	_____	_____	_____	_____	_____

IV. OTHER COMPLICATIONS
(Since previous evaluation)

Y N

Y N

Y N

Y N

Y N

Y N

IF YES, Complete LC Form

V. COMMENTS: Yes ___ No ___

IF YES,

(60 char/line)