

**LONG-TERM FOLLOW-UP FORM**  
NIDDK Liver Transplantation Database

PATIENT ID \_\_\_\_\_ - \_\_\_\_\_

**SKIP THIS SECTION IF DATA WILL BE TRANSFERRED ELECTRONICALLY**

**X. LABORATORY DATA** (most recent result since last evaluation):

1. CLINICAL CHEMISTRY

	Result		Date of Sample (MM/DD/YY)	Not Done (-2)
<b><u>Required tests</u></b>				
1.1 Total bilirubin	____ . ____	mg/dl	__/__/__	____
1.2 Direct bilirubin	____ . ____	mg/dl	__/__/__	____
1.3 Alkaline phosphatase	_____	U/L	__/__/__	____
1.4 SGOT (AST)	_____	U/L	__/__/__	____
1.5 SGPT (ALT)	_____	U/L	__/__/__	____
1.6 Gamma GTP	_____	U/L	__/__/__	____
1.7 Creatinine	____ . ____	mg/dl	__/__/__	____
1.8 Blood urea nitrogen	_____ . ____	mg/dl	__/__/__	____
1.9 Albumin	__ . ____	g/dl	__/__/__	____
1.10 Blood alcohol level	_____ . ____	mg%	__/__/__	____
1.11 Prothrombin time (PT)	____ . ____/____ . ____	secs.	__/__/__	____
1.12 Partial thromboplastin time (PTT)	____ . ____/____ . ____	secs.	__/__/__	____
	Patient	Control		

**One-time tests (to be done between years 7 – 11 post-tx)**

1.13 Alpha feto-protein	_____	ng/ml	__/__/__	____
1.14 Total cholesterol	_____	mg/dl	__/__/__	____
1.15 HDL	_____	mg/dl	__/__/__	____
1.16 LDL	_____	mg/dl	__/__/__	____
1.17 Triglycerides (fasting)	_____	mg/dl	__/__/__	____
1.18 Glucose (fasting)	_____	mg/dl	__/__/__	____
1.19 Glycosylated hemoglobin	____ . ____	% total	__/__/__	____
1.20 Serum iron	_____	µg/dl	__/__/__	____
1.21 Serum ferritin	_____	ng/ml	__/__/__	____
1.22 Uric acid	____ . ____	mg/dl	__/__/__	____
1.23 GFR	_____	ml/min	__/__/__	____
1.24 Creatinine clearance	_____	ml/min	__/__/__	____

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2. INFECTION SCREEN (most recent result since last evaluation):

	Pos	Neg		Date of Sample (MM/DD/YY)	Not Done (-2)
2.1 Anti-HAV IgM	___	___		_/_/_	___
2.2 HBsAg	___	___		_/_/_	___
2.2.1 HBV DNA	___	___	level _____	_/_/_	___
<b>IF HBsAg POSITIVE</b>					
2.3 Anti-HBc IgM	___	___		_/_/_	___
2.4 HBeAg	___	___		_/_/_	___
2.5 Anti-HBe	___	___		_/_/_	___
2.6 Anti-HDV	___	___		_/_/_	___
2.7 Anti-HBc	___	___		_/_/_	___
2.8 Anti-HBs	___	___		_/_/_	___
2.9 Anti-HCV	___	___		_/_/_	___
2.9.1 HCV RIBA	___	___	indet. _____	_/_/_	___
2.9.2 HCV RNA (PCR)	___	___	level _____	_/_/_	___
2.10 Anti-EBV (VCA) IgG	___	___		_/_/_	___
2.11 Anti-EBV (VCA) IgM	___	___		_/_/_	___
2.12 Anti-CMV IgG	___	___	titer _____	_/_/_	___
2.13 Anti-CMV IgM	___	___		_/_/_	___

3. IMMUNOLOGY

3.1 Antinuclear antibody	___	___	titer _____	_/_/_	___
3.2 Anti-mitochondrial antibody	___	___	titer _____	_/_/_	___
3.3 AMA - M2 subtype	___	___	titer _____	_/_/_	___
3.4 SMA	___	___	titer _____	_/_/_	___
3.5 Anti-LKM	___	___	titer _____	_/_/_	___

**DATA ENTRY USE ONLY**

Data Entry    \_/\_/\_

                  Sysid   \_\_\_\_\_

Verification   \_/\_/\_

Cleaned        \_/\_/\_

Transfer        \_/\_/\_

MM/DD/YY