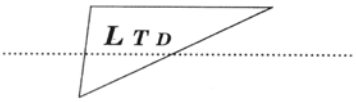
CI



NIDDK

Liver Transplantation Database

POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM

02/12/1991

FORM KEYS

Patient ID _____

Transplant No. _____

Evaluation Timepoint _____

CI

POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

TRANSPLANT NUMBER _____

THIS PAGE IS NOT FOR COMPUTER ENTRY

COMPLETION LOG

PROTOCOL TIMEPOINT	DAY 1	DAY 3	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
Data Collector	_____	_____	_____	_____	_____	_____	_____	_____
Date Completion	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Entry	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Sysid *	_____	_____	_____	_____	_____	_____	_____	_____
Verification	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Cleaned	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Transferred	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Data Manager ID	_____	_____	_____	_____	_____	_____	_____	_____

* Obtain from microcomputer during data entry.

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POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

Complete each item as indicated for each assessment day. Exceptions: Items 4 and 5 cover the time interval since the previous assessment day.
For *'s provide the code obtained from the opposite page. For Y/N responses, circle the appropriate response.

PROTOCOL TIMEPOINT (Allowable Days)	DAY 1 0 - 1	DAY 3 2 - 4	WEEK 1 5 - 9	WEEK 2 12 - 16	WEEK 3 19 - 23	WEEK 4 26 - 30	WEEK 5 33 - 37	WEEK 6 40 - 44
I. ASSESSMENT DATE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
II. PATIENT LOCATION*	_____	_____	_____	_____	_____	_____	_____	_____
III.1. MENTAL STATUS*	_____	_____	_____	_____	_____	_____	_____	_____
2. WEIGHT (kg)	_____	_____	_____	_____	_____	_____	_____	_____
3. INTUBATED	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
4. BLOOD USAGE	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If Yes, record totals in cc								
a. Whole Blood/PRBC	_____	_____	_____	_____	_____	_____	_____	_____
b. Fresh Frozen Plasma	_____	_____	_____	_____	_____	_____	_____	_____
c. Platelets	_____	_____	_____	_____	_____	_____	_____	_____
d. Cryoprecipitate	_____	_____	_____	_____	_____	_____	_____	_____
e. Albumin	_____	_____	_____	_____	_____	_____	_____	_____
5. INTERIM DIALYSIS	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

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POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

Provide laboratory results for blood samples drawn on the assessment day in the units specified. Include decimal point where appropriate.
Mark "ND" if test was not done.

PROTOCOL TIMEPOINT (Allowable Days)	DAY 1 0 - 1	DAY 3 2 - 4	WEEK 1 5 - 9	WEEK 2 12 - 16	WEEK 3 19 - 23	WEEK 4 26 - 30	WEEK 5 33 - 37	WEEK 6 40 - 44
DATE OF SAMPLE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
IV. 1. HGB (g/dl)	_____	_____	_____	_____	_____	_____	_____	_____
2. HCT (%)	_____	_____	_____	_____	_____	_____	_____	_____
3. PLAT (x 1000)	_____	_____	_____	_____	_____	_____	_____	_____
4. WBC (x 1000)	_____	_____	_____	_____	_____	_____	_____	_____
5. PT (pt/control)	____/____	____/____	____/____	____/____	____/____	____/____	____/____	____/____
6. PTT (pt/control)	____/____	____/____	____/____	____/____	____/____	____/____	____/____	____/____
7. Alk Phos (U/L)	_____	_____	_____	_____	_____	_____	_____	_____
8. T Bili (mg/dl)	_____	_____	_____	_____	_____	_____	_____	_____
9. D Bili (mg/dl)	_____	_____	_____	_____	_____	_____	_____	_____
10. SGOT (AST) (U/L)	_____	_____	_____	_____	_____	_____	_____	_____
11. SGPT (ALT) (U/L)	_____	_____	_____	_____	_____	_____	_____	_____
12. GGTP (U/L)	_____	_____	_____	_____	_____	_____	_____	_____
13. Albumin (g/dl)	_____	_____	_____	_____	_____	_____	_____	_____
14. Alpha feto-protein (ng/ml)	_____	_____	_____	_____	_____	_____	_____	_____

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POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

Provide laboratory results for blood samples drawn on the assessment day in the units specified. Include decimal point where appropriate.
Mark "ND" if test was not done.

PROTOCOL TIMEPOINT (Allowable Days)	DAY 1 0 - 1	DAY 3 2 - 4	WEEK 1 5 - 9	WEEK 2 12 - 16	WEEK 3 19 - 23	WEEK 4 26 - 30	WEEK 5 33 - 37	WEEK 6 40 - 44
Labs continued								
15. Bicarbonate (mEq/L)	_____	_____	_____	_____	_____	_____	_____	_____
16. BUN (mg/dl)	_____	_____	_____	_____	_____	_____	_____	_____
17. Calcium (mg/dl)	_____	_____	_____	_____	_____	_____	_____	_____
18. Chloride (mEq/L)	_____	_____	_____	_____	_____	_____	_____	_____
19. Cholesterol (mg/dl)	_____	_____	_____	_____	_____	_____	_____	_____
20. Creatinine (mg/dl)	_____	_____	_____	_____	_____	_____	_____	_____
21. Glucose (mg/dl)	_____	_____	_____	_____	_____	_____	_____	_____
22. Potassium (mEq/L)	_____	_____	_____	_____	_____	_____	_____	_____
23. Sodium (mEq/L)	_____	_____	_____	_____	_____	_____	_____	_____
24. Total protein (g/dl)	_____	_____	_____	_____	_____	_____	_____	_____
25. Creat Cl (ml/min)	_____	_____	_____	_____	_____	_____	_____	_____
Number of hours _____								
OR								
26. GFR (ml/min)	_____	_____	_____	_____	_____	_____	_____	_____

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POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

Provide laboratory results in the units specified. Include decimal point where appropriate. Mark "ND" if test was not done. For *'s provide the code obtained from the opposite page.

PROTOCOL TIMEPOINT (Allowable Days)	DAY 1 0 - 1	DAY 3 2 - 4	WEEK 1 5 - 9	WEEK 2 12 - 16	WEEK 3 19 - 23	WEEK 4 26 - 30	WEEK 5 33 - 37	WEEK 6 40 - 44
DATE OF SAMPLE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
V. CsA OR FK506 LEVEL (Circle one)	CsA FK506 ND	CsA FK506 ND	CsA FK506 ND	CsA FK506 ND	CsA FK506 ND	CsA FK506 ND	CsA FK506 ND	CsA FK506 ND
IF DONE,								
1. Specimen type*	_____	_____	_____	_____	_____	_____	_____	_____
2. Trough obtained*	_____	_____	_____	_____	_____	_____	_____	_____
3. HPLC level ng/ml	_____	_____	_____	_____	_____	_____	_____	_____
4. RIA level ng/ml	_____	_____	_____	_____	_____	_____	_____	_____
5. TDX level ng/ml	_____	_____	_____	_____	_____	_____	_____	_____
6. Monoclonal ng/ml	_____	_____	_____	_____	_____	_____	_____	_____
7. FK506 level ng/ml	_____	_____	_____	_____	_____	_____	_____	_____
7.1 Method: specify**	_____							

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POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

Circle the appropriate response, (+) Positive, (-) Negative, (ND) Not done for each item as it occurs on the assessment day. For protocol biopsy, record date of biopsy.

PROTOCOL TIMEPOINT	DAY 1	DAY 3	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6
(Allowable Days)	0 - 1	2 - 4	5 - 9	12 - 16	19 - 23	26 - 30	33 - 37	40 - 44
DATE OF SAMPLE	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
VI. CMV								
1. Blood Culture	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND
2. Urine Culture	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND	+ - ND
(Allowable Days)	0 - 1		4 - 12		13 - 35			
VII. PROTOCOL BIOPSY	___/___/___	ND	___/___/___	ND	___/___/___	ND	ND	ND

IF Not Done, specify reason _____ (30 char) _____ (30 char) _____ (30 char)

IF ICP MONITORING WAS DONE POST-TRANSPLANT, FILL OUT FI FORM

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POST-TRANSPLANT FOLLOW-UP SHORT-TERM FORM
NIDDK Liver Transplantation Database

PATIENT ID _____-_____

VIII. COMMENTS: Yes__ No__

IF YES

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(60 char/line)

CODE LIST

Variable	Code	Response
* PATIENT LOCATION		
	1	In ICU
	2	In Hospital
	3	Out Patient (Local vicinity of center, not at home)
	4	Out Patient (At home)
* MENTAL STATUS		
	1	Alert/Oriented
	2	Lethargic/slow to respond
	3	Disoriented
	4	Comatose
	5	Anesthetized
	6	Sedated
	7	Unable to assess/not assessed

CODE LIST

Variable	Code	Response
* SPECIMEN TYPE		
	1	Whole Blood
	2	Serum
	3	Plasma
* TROUGH LEVEL OBTAINED		
	1	6 hr
	2	8 hr
	3	12 hr
	4	24 hr
	5	Continuous Infusion
	6	Other

** FK506 method - code as "EIA" if Enzyme Immunoassay is used