

Post-Transplant Status
NIDDK Liver Transplantation Database

Patient ID _____

Sysid	TX No.	Date of Change	Activation Status	UNOS Status (if activated)	Contraindication			Possibly Reversible	
					Medical	Financial	Personal	Yes	No
_____	1. _____	____/____/____ MM DD YY	_____	_____	_____	_____	_____	_____	_____
								IF NO,	
								_____ (specify reason, 30 characters)	
_____	2. _____	____/____/____ MM DD YY	_____	_____	_____	_____	_____	_____	_____
								IF NO,	
								_____ (specify reason, 30 characters)	
_____	3. _____	____/____/____ MM DD YY	_____	_____	_____	_____	_____	_____	_____
								IF NO,	
								_____ (specify reason, 30 characters)	
_____	4. _____	____/____/____ MM DD YY	_____	_____	_____	_____	_____	_____	_____
								IF NO,	
								_____ (specify reason, 30 characters)	

UNOS Status

04/15/90 to 12/31/90

1. At home
2. Hospitalized (not in ICU)
3. Intensive care-bound due to liver disease state
4. Acute fulminant hepatic failure, anhepatic or near anhepatic (including primary graft failure)

01/01/91 to 06/30/95

1. At home and functioning normally
2. Continuous medical care
3. Continuously hospitalized
4. ICU, acute and chronic liver failure

Activation Status

1. Medically acceptable
2. Suitable, but too well
3. Contraindications