

**NIDDK Liver Transplantation Database
MANUAL OF OPERATIONS AND PROCEDURES**

FORM: CU (CMV URINE)

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<u>Purpose:</u>	To document CMV disease based on a positive urine culture.
<u>Person(s) Responsible:</u>	LTD Clinical Coordinator.
<u>Source(s) of Information:</u>	Infectious disease records.
<u>General Instructions:</u>	This form is to be completed for MAYO patients participating in the CMV Study who were considered by Dr. Paya to have had CMV disease based on a positive urine culture. These results were not recorded on an existing LTD follow-up data collection form because they were 1) not the most recent culture done at a given evaluation timepoint, 2) considered to be CMV shedding, 3) prior to the LTD diagnosis of CMV disease, which is based on a positive blood culture.