

**NIDDK Liver Transplantation Database
MANUAL OF OPERATIONS (MOOP)**

FORM: SL (SCREENING LOG)

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1. PATIENT NAME

All patients referred and first presented at the LTD clinical center for evaluation for liver transplantation will be entered in the screening log.

Completing Form: Record the patient's name, to be kept at clinical center only. It will not be entered in the computer.

2. NAME CODE

Consists of the first 3 letters of the patient's last name, and is used to generate the LTD patient ID if the patient does not meet any of the exclusion criteria.

Completing Form: Record the first 3 letters of the patient's last name. These will be part of the patient ID for the database.

3. DATE FIRST SEEN FOR OLTX EVALUATION

This is the date that the patient was first admitted to the LTD clinical center for evaluation for liver transplantation.

Completing Form: Record the date as month/day/year.

4. REFERRAL LIVER DIAGNOSIS

The liver disease diagnosis of the patient as determined by the referring physician. This should be obtainable from the patient's medical records.

Completing Form: Record the code of the referral liver disease diagnosis as given in the Liver Disease Diagnoses list on the back of the SL form.

5.-7. SEX, AGE, RACE

This information should be obtainable from the patient's medical records.

Completing Form:

5. Sex: circle M or F as appropriate for male or female patient.
6. Age: record the patient's age in years.
7. Race: provide the code for the patient's race /ethnicity as given in the list on the back of the SL form.

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8. EXCLUSION CRITERIA

- 8.1 Prior OLTx: prior to this evaluation, the patient has had a liver transplant at this LTD center or elsewhere.
- 8.2 Refused Consent: 1) the patient refused to participate in the study and did not sign the consent form; 2) the coordinator was unable to obtain consent from the patient ("U"); 3) the patient is in the early phase of evaluation and is to be put on hold ("H") and not entered in the database until ready for transplantation.
- 8.3 Unable to Follow: it is anticipated that post-transplant follow-up will be unobtainable. This may be the situation in which the patient is from outside the USA and does not expect to return to the USA after transplantation.

Patients who meet any of the above conditions, with the exception of "H", are to be excluded from the LTD. No additional data will be collected for these patients.

Completing Form: If the patient meets one of the exclusion categories, circle the appropriate response in that category, and circle "N" in the other categories. Only one category can have a response that is "Y", "U" or "H". If the patient is to be included in the LTD, circle "N" for each of the exclusion criteria.