

SECTION I: PATIENT LOCATION

- 1. Evaluation: 6 Month 1 Year **EVAL**
- 2. Date of follow-up evaluation: ____-____-____ **DOEM/DOED/DOEY**
- 3. Follow-up method: In person Phone Hospital record alone Death registry PCP **FUPMT**
- 4. Location of patient: **PLC** Hospital ICU Home Other _____ **PLCOS**
- 5. Was the patient diagnosed with aplastic anemia during the follow-up period? Yes No **APA**
 - 5.1 If Yes, date of diagnosis (bone marrow aspirate or bx): ____ / ____ (month/year) **APADM / APADY**
- 6. Did the patient have a SAE (other than aplastic anemia) during the follow-up period? Yes No **SAE**
 - 6.1 If Yes, specify: _____ **SAES1** _____ **SAES2**

NAC patients only

Was SAE unexpected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAEU1	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAEU2
Was SAE related to study drug?	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAER1	<input type="checkbox"/> Yes	<input type="checkbox"/> No SAER2

refer to MOP for SAE reporting on post-tx pts

Not shown on form: **SAES3 SAEU3 SAER3 SAES4 SAEU4 SAER4**

SECTION II: LIST STATUS

- 1. Was patient listed since last evaluation? Yes No **LST**

1.1 Date listed: ____-____-____
LSTM/LSTD/LSTY

1.2 UNOS status at listing: **LSTST** MELD/PELD: **MLDST**

1.3 Currently listed:

LSTC

Yes → Current UNOS status: ____ **LSTCS**
Current MELD/PELD: ____ **MLDCS**

No → Date removed from list ____-____-____
LSTRM/LSTRD/LSTRY

Primary reason removed from list (check one): **LSTR**

Improved Irreversible brain damage
 Sepsis Medically unsuitable

LSTNO

1.4 Primary reason not listed (check one):

Not sick enough
 Sepsis
 Inadequate social support
 Medically unsuitable
 Irreversible brain damage
 Active substance abuse
 Active psychiatric disease
 Already listed
 Other _____ **LSTNS**

SECTION III: OUTCOME (at time of follow-up evaluation)

- 1. Alive without transplant **ALIVE**
- 2. Transplant **TRP**

2.1 Date of transplant: ____-____-____ **TRPM/TRPD/TRPY**

2.2 Type of transplant (check one): **TRPT**

Whole Auxiliary Reduced Split liver
 Living donor Hepatocyte Other _____ **TRPTS**

2.3 ABO compatible liver? Yes No **ABOC**

2.4 Resected liver weight: _____ gm **RLVWT**

2.5 Resected liver histology (check all that apply)

Cirrhosis **LHTCR** Fibrosis **LHTFB** Steatosis **LHTST**
 Inflammation **LHTIF** Necrosis **LHTNC** Not done **LHTND**

3. Died **DEATH**

3.1 Date of death: ____-____-____ **DODM/DODD/DODY**
3.2 Major underlying cause of death: ____ **COD**
3.3 Autopsy performed: Yes No **AUTOP**

SECTION IV: FINAL DIAGNOSIS

1. Change in final diagnosis since last evaluation? Yes No **CNGDX**

(check all that apply)

- Acetaminophen **ACET**
- Shock/ischemia **SHCK**
- Metabolic liver disease **MTLD**
- Budd-Chiari **BUDC**
- Neonatal iron storage disease **NISD**
- Respiratory chain deficit **RCD**
- Wilson's disease **WILS**
- Alpha-1-antitrypsin **A1TRY**
- Other **MTLDO MTLDS** ____
- Hemophagocytic syndrome **HPHGS**
- Venocclusive disease **VENO**
- Tyrosinemia **TYRO**
- Fatty acid oxidation ____ **FAO**
- Mitochondrial ____ **MTOC MTOCS**

HEPA HEPB HEPC HEPE HEBV HCMV HHSV

- Hepatitis **HEP**
 - Viral: **HEPV**
 - A
 - B (±delta)
 - C
 - E
 - EBV
 - CMV
 - Herpes simplex
 - Other _____ **HOTH HOTHS**
 - Autoimmune **HAUTO**
 - Drug-induced, agent _____ **HDRG HDRGA**

- Other _____ **FDXO FDXOS**
- Indeterminate **FDXID**

SECTION V: COMMENTS Yes No **COMM**

IF Yes

COMM1-5

COMPLETION LOG

Data Collector ID _____ **DDCI** Date Entered ____ - ____ - ____

Initials

Data Collection ____ - ____ - ____ Date Verified ____ - ____ - ____

DDCM/DDCD/DDCY