Follow-Up (FF) Form

SECTION	II: PATI	ENT LOCATION					
1. Evalua	ition:	☐ 6 Month	□ 1 Year				
2. Date o	f follow-u	p evaluation:		(mm-dd-yy)			
3. Follow	-up meth	od: ☐ In person	alone Death	registry 🗖	PCP		
4. Location	on of pati	ent: ☐ Hospital	□ ICU □ He	ome □ Oth	ner		
5. Was th	ne patient	t diagnosed with a	plastic anemia duri	ng the follow-	up period? □ Ye	es □ No	
5.1 If	Yes, dat	e of diagnosis (bo	ne marrow aspirate	or bx):	_ / (month/ye	ear)	
			than aplastic anen	,	,	•	□ No
6.1 If	Yes, spe	ecify:					
NAC	Was SAE unexpected? Was SAE related to stud		☐ Yes ☐ No v drua? ☐ Yes ☐ No		<u> </u>		
patients only					SAE re		refer to MOP for SAE reporting on post-tx pts
SECTION	I II: LIST	STATUS					
1. Was pa	atient list	ed since last evalu	uation? □ Yes		□ No		
1.2 At listing: UNOS status 1.3 Currently listed: ☐ Yes			s status:		1.4 Primary reason not listed (check one): ☐ Not sick enough, too well ☐ Sepsis ☐ Inadequate social support ☐ Medically unsuitable ☐ Irreversible brain damage ☐ Active substance abuse ☐ Active psychiatric disease ☐ Already listed		ell ort ge e
		☐ Sepsis ☐ Medically unsuitable		le	☐ Other		
		☐ Other					
SECTION	I III: OU	COME (at time of	follow-up evaluation	on – check all	that apply)		
□ 1. Alive □ 2. Transplant ———			2.1 Date of transplant: (mm-dd-yy) 2.2 Type of transplant (check one):			/er	
□ 3. Died			3.1 Date of death: (mm-dd-yy) 3.2 Major underlying cause of death: (see codebook) 3.3 Autopsy performed: □ Yes □ No				

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SECTION IV: FINAL DIAGNOSIS									
1. Change in final diagnosis since last evaluation? ☐ Yes ☐ No									
(check all that apply)									
☐ Acetaminophen		☐ Budd-Chiari	☐ Hemophagocytic syndrome						
☐ Shock/ischemia		☐ Neonatal iron storage disease	☐ Veno-occlusive disease						
☐ Metabolic liver disease →		■ Respiratory chain deficit	☐ Tyrosinemia						
		☐ Wilson's disease	☐ Fatty acid oxidation						
		☐ Alpha-1-antitrypsin	☐ Mitochondrial						
		☐ Other							
☐ Hepatitis →	□ Viral:	□ A □ B (±delta) □ C □ E	☐ EBV ☐ CMV ☐ Herpes simplex						
		☐ Other							
	☐ Autoimm								
	☐ Drug-inc	uced, agent							
☐ Other									
□ Indeterminate									
SECTION V: COMMENTS									
11 103									

COMPLETION LOG Data Collector ID	Date Entered
Initials	
Data Collection	Date Verified
MM DD YY	