



### Liver Offer Log

Patient ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Was the patient ever offered a liver for transplant?  No  Yes (Complete log)

Date of offer (mm/dd/yy)	Time of offer (24 hr.)	Accepted? 0 = No 1 = Yes 2 = Yes, subsequently denied	Date of acceptance or denial (mm/dd/yy)	Time of acceptance or denial (24 hr.)	Denial Code (if applicable)	Donor				System ID	
						Age	Blood type 1 = A 2 = A + 3 = A - 4 = B 5 = B + 6 = B - 7 = AB 8 = AB + 9 = AB - 10 = O 11 = O + 12 = O - -3 = Unk	Date Evaluation Initiated (live donor only)	Date Deemed to be an Acceptable Donor		Organ weight (kg)
____/____/____	____ : ____ <input type="checkbox"/> Unknown		____/____/____	____ : ____ <input type="checkbox"/> Unknown	____ <input type="checkbox"/> Unknown	____ 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years <input type="checkbox"/> Unknown	____	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	____ <input type="checkbox"/> Unknown	
____/____/____	____ : ____ <input type="checkbox"/> Unknown		____/____/____	____ : ____ <input type="checkbox"/> Unknown	____ <input type="checkbox"/> Unknown	____ 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years <input type="checkbox"/> Unknown	____	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	____ <input type="checkbox"/> Unknown	
____/____/____	____ : ____ <input type="checkbox"/> Unknown		____/____/____	____ : ____ <input type="checkbox"/> Unknown	____ <input type="checkbox"/> Unknown	____ 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Months 3 <input type="checkbox"/> Years <input type="checkbox"/> Unknown	____	____/____/____ <input type="checkbox"/> Unknown	____/____/____ <input type="checkbox"/> Unknown	____ <input type="checkbox"/> Unknown	