



UNOS/TGLN Log

Patient ID: ___ - ___ - ___

1. Was the patient ever listed with UNOS/TGLN? No, never listed Yes (*complete log*) Unknown

1.1 If no, primary reason not listed:

- | | |
|--|--|
| <p>1 <input type="checkbox"/> Not sick enough, too well</p> <p>2 <input type="checkbox"/> Sepsis</p> <p>5 <input type="checkbox"/> Other _____</p> | <p>3 <input type="checkbox"/> Irreversible brain damage</p> <p>4 <input type="checkbox"/> Medically unsuitable</p> <p><input type="checkbox"/> Unknown</p> |
|--|--|

1.2 If yes,

Status	Date (mm/dd/yy)	UNOS/TGLN Status	MELD/PELD Score	Reason removed
1 = Initial listing 2 = Change in status 3 = Removal	____/____/____ <input type="checkbox"/> Unknown	1 1A 1B 2 2A 2B 3 3F 4 4F 7 (inactive)	____ <input type="checkbox"/> Unknown	1 = Improved 2 = Irreversible brain damage 3 = Sepsis 4 = Medically unsuitable 99 = Other _____, if other specify: _____
	____/____/____ <input type="checkbox"/> Unknown	____	____ <input type="checkbox"/> Unknown	_____, if other specify: _____
	____/____/____ <input type="checkbox"/> Unknown	____	____ <input type="checkbox"/> Unknown	_____, if other specify: _____
	____/____/____ <input type="checkbox"/> Unknown	____	____ <input type="checkbox"/> Unknown	_____, if other specify: _____
	____/____/____ <input type="checkbox"/> Unknown	____	____ <input type="checkbox"/> Unknown	_____, if other specify: _____
	____/____/____ <input type="checkbox"/> Unknown	____	____ <input type="checkbox"/> Unknown	_____, if other specify: _____

System ID