



CHILDRENLink

Form 25 Liver Transplant BASIC

B: TRANSPLANT

| | | | | |
|-------------------------------------|---|-------------------------------|--|-------------|
| B1 | Date of liver transplant | ____ / ____ / ____ | | |
| B1a | Was liver tissue collected for the repository? | O No → go to B2 | | O Yes |
| B1b | Total time elapsed between harvested and snap-freezing: | _____ | O Minutes | O Not Done |
| PELD Scores (closest to transplant) | | | | |
| B2 | Calculated PELD score: | _____ | | |
| B3 | Exception | _____ | O Requested but not received O Not Done | |
| UNOS status | | | | |
| B4 | Status 1 | O No | | O Yes |
| B5 | Exception | O Not requested O Approved | | O Requested |
| B6 | Subject was registered with SPLIT: | O No → go to B9 | | O Yes |
| B7 | SPLIT center code: | _____ | | |
| B8 | SPLIT subject code: | _____ | | |
| B9 | Weight | _____ | O kgs | O lbs |
| | | _____ | O oz | O Not Done |
| B10 | Height or length | _____ | O cm | O feet |
| | | _____ | O inches | O Not Done |
| B11 | Head circumference | _____ | O cm | O inches |
| | | | O Not Done | |

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Laboratory evaluations done within the week prior to transplant:

| | | | |
|-----|---|--|--|
| B | Please note: Total bilirubin should not be less in value than direct bilirubin or conjugated bilirubin. | | |
| B12 | Total bilirubin | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> mg/dl <input type="radio"/> μmol/l <input type="radio"/> Not Done |
| B13 | Direct bilirubin | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> mg/dl <input type="radio"/> μmol/l <input type="radio"/> Not Done |
| B14 | Conjugated bilirubin | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> mg/dl <input type="radio"/> μmol/l <input type="radio"/> Not Done |
| B15 | Prothrombin time | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> sec <input type="radio"/> Not Done |
| B16 | INR | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> Not Done |
| B17 | Creatinine | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> mg/dl <input type="radio"/> μmol/l <input type="radio"/> Not Done |
| B18 | Albumin | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> g/dl <input type="radio"/> g/L <input type="radio"/> Not Done |
| B19 | Glucose | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> mg/dl <input type="radio"/> mmol/l <input type="radio"/> Not Done |
| B20 | Platelets | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> x10 ³ /mm ³ <input type="radio"/> x10 ⁹ /L <input type="radio"/> Not Done |
| B21 | Cholesterol | <input type="radio"/> = <input type="radio"/> < <input type="radio"/> > | <input type="radio"/> mg/dl <input type="radio"/> mmol/l <input type="radio"/> Not Done |
| B22 | Donor Type | <input type="radio"/> Deceased <input type="radio"/> Living related donor → go to B24 <input type="radio"/> Living unrelated donor → go to B24 | |

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|-----|--|---|-------------------------------|
| B23 | If deceased donor, specify: | <input type="radio"/> Whole <input type="radio"/> Split | <input type="radio"/> Reduced |
| B24 | Complications present or actively treated at time of transplant (check all that apply): | <input type="checkbox"/> None <input type="checkbox"/> Ascites <input type="checkbox"/> Cholangitis <input type="checkbox"/> Failed hepatoportoenterostomy <input type="checkbox"/> Coagulopathy <input type="checkbox"/> GI Bleed <input type="checkbox"/> Hepatopulmonary syndrome <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> No information available | |
| B25 | Answer only if "Failure to thrive" is selected in previous question, was there an Ng tube feeding? | <input type="radio"/> No | <input type="radio"/> Yes |

Complete form 35 Final Status after completing this form and when DNA has been collected from the subject trio (mother, father, subject).

H: INVESTIGATOR SIGNATURE

| | | | |
|----|--------------------------|--|---------------------------|
| H1 | Investigator Signed? | <input type="radio"/> No → Done | <input type="radio"/> Yes |
| | | _____ | |
| H2 | Date investigator signed | ____ / ____ / ____ | |