



ChiLDReNLink: BASIC

Form 25L Transplant Listing BASIC

B: TRANSPLANT LISTING		
B1a	Visit Date	____ / ____ / _____
B1b	Date of listing	____ / ____ / _____
B2	Primary reasons for listing (check all that apply):	<input type="checkbox"/> Persistent acholic stools <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Ascites <input type="checkbox"/> Cholangitis <input type="checkbox"/> Persistent hyperbilirubinemia <input type="checkbox"/> Coagulopathy <input type="checkbox"/> Varices <input type="checkbox"/> GI Bleed <input type="checkbox"/> Encephalopathy <input type="checkbox"/> Hepatopulmonary syndrome <input type="checkbox"/> Hepatorenal syndrome <input type="checkbox"/> Other _____ <input type="checkbox"/> No information given
B3a	Bilirubin	O Done O Not Done → go to B5a
B3b	Date	____ / ____ / _____
B	Please note: Total bilirubin should not be less in value than direct bilirubin or conjugated bilirubin.	
B3c	Total bilirubin at listing:	O = _____ O mg/dl O μmol/l O < _____ O Not Done O > _____
B3d	Direct bilirubin at listing:	O = _____ O mg/dl O μmol/l O < _____ O Not Done O > _____
B3e	Conjugated bilirubin at listing:	O = _____ O mg/dl O μmol/l O < _____ O Not Done O > _____
B4	Serum sodium at listing:	O = _____ O mmol/L O mEq/L O < _____ O Not Done O > _____
B5a	Prothrombin time at listing	O Done O Not Done → go to B6a
B5b	Date	____ / ____ / _____
B5c	Prothrombin time:	O = _____ O sec O < _____ O Not Done O > _____

B: TRANSPLANT LISTING

B5d	INR at listing:	O = O < _____ O > _____	O Not Done
B6a	Creatinine at listing:	O = O < _____ O > _____	O mg/dl O μmol/l O Not Done → go to B7a
B6b	Date	____ / ____ / ____	
B7a	Albumin at listing	O = O < _____ O > _____	O g/dl O g/L O Not Done → go to B8
B7b	Date	____ / ____ / ____	
B8	Infant's blood type:	O A O B O O O AB	
B9	Subject registered with SPLIT:	O No → go to C1	O Yes
B10	SPLIT center code:	_____	
B11	SPLIT subject code:	_____	

C: PELD SCORES

C1	Calculated PELD score:	_____		
C2	Exception score:	_____	O Not Done	
C3	Status 1 exception requested:	O Not Requested	O Requested	
C4	Weight at listing:	_____	O kgs	O lbs O oz
		_____	O oz	O Not Done
C5	Height or length at listing:	_____	O cm	O feet O inches
		_____	O inches	O Not Done
C6	Head circumference at listing	_____	O g/dl	O g/L
		_____	O Not Done	
C7	Growth failure at listing:	O No	O Yes	