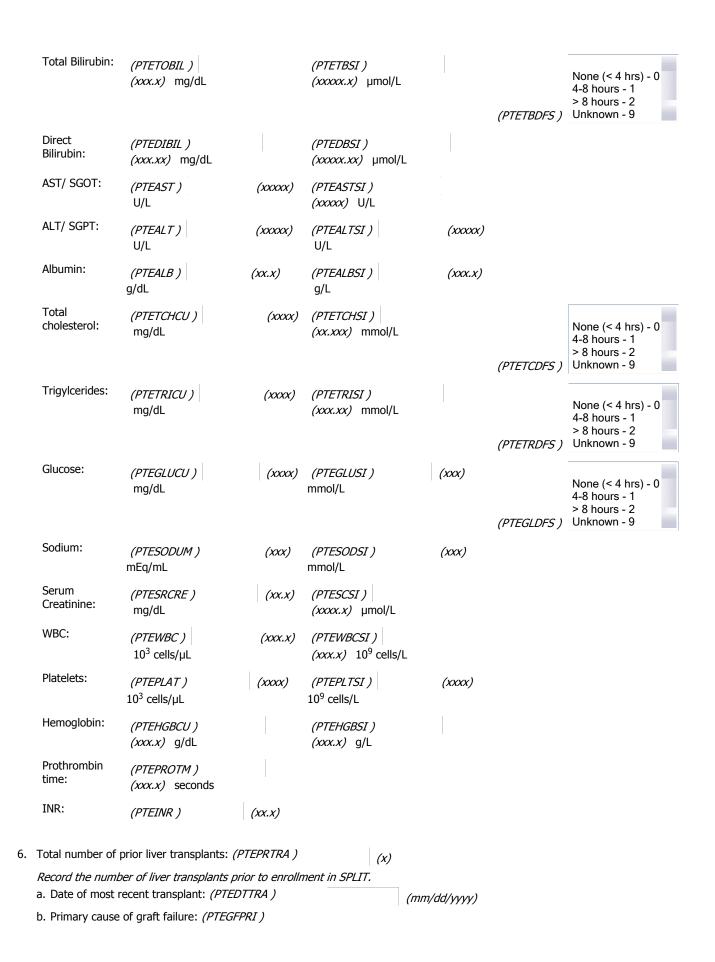
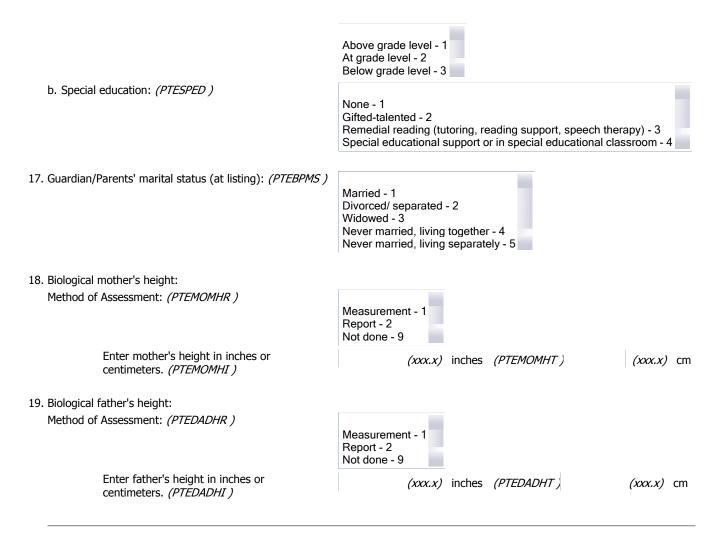
S	PLIT							
\$s	sitecode User:	System Date:		Mode: Developme	nt			
Si	te Name:							
	Gegment <i>(PROTSEG )</i> : sit Number <i>(VISNO )</i> :	Pretransp	lant Evalua	tion (PTE)	<b>Version:</b> 9.0; 12-26-07			
	The Pretransplant Evaluations per	listing. Data should be						
	Status and Listing Informa	tion						
1.	Date of transplant listing (dece	eased/living): <i>(PTELSTD1</i>	<i>-)</i>	(mm/dd/yyyy)				
	Date of transplant listing must be entered to determine ranges for date fields and expectations for age-dependent fields below.							
2.	UNOS Status 1a or 1b: (PTEUI	VOS)	No - 0	Yes - 1				
3.	Canadian Status 4 or 4f (equiv 1): (PTEUNOS)	alent to UNOS Status	No - 0	Yes - 1				
	If yes, complete Status 1 Listin	ng form.						
	a. Indicate score type used to UNOS: <i>(PTESCORE )</i>	list with	PELD - 1	MELD -2				
	b. Was the calculated score or list the participant? (PTEALL)	LOC)	Calculate	ed - 0 Exception	- 1			
	PELD exception score: (PTE	FPELDA )		(xxx.x)				
	MELD exception score (if $\geq$	12 years): (PTEMELDA)		(xxx.x)				
4.	Patient status (at listing): (PTE	ESTAT )	ICU - 1 Hospitalized Not hospitali	, not in ICU - 2 zed - 3				
	Labs/Procedures							
5.	Hematology/Chemistries (at time of listing or closest to listing):							
	Labs used to list the participant or drawn closest to the time of listing should be recorded. These can be from anytime within the acceptable date range shown below. Labs within the same panel should be reported for the same date.							
	Date range: From (PTELOW	(DT)	<i>m/dd/yyyy)</i> To	(PTEHIHDT )	(mm/dd/yyyy)			
	The date of transplant listing must be entered before entering the date when blood was drawn for the majority of the labs.							
	Date the majority of the labs		_	(mm/dd/yyyy)				
	<u>Com</u> ı	mon <u>Units</u> (CU)	Standard Int	ernational (SI)	<u>Duration Fasting</u> Required if participant ≥ 5 years			



			1- Primary graft dysfunction 2- Hyperacute rejection 3- Acute rejection 4- Chronic rejection- ductopenic 5- Chronic rejection- vascular *Additional Options Listed Below					
	If Other, please specify: (PTEGFPOT)							
	c. 1st contributing cause of graft failure: (PTECNCU1)	0- None 1- Prima 2- Hyper 3- Acute 4- Chror		graft dysfunction ute rejection ection ejection- ductopenic Options Listed Below				
	If Other, please specify: (PTECON1O)							
7.	Previous abdominal operations excluding prior liver transplants: (PTEABSUR )		No - 0	Yes - 1				
	a. Kasai procedure: (PTEKASAI )		No - 0	Yes - 1				
	If Yes, please specify date: (PTEKASDT)			(mm/dd/yyyy)				
	b. Kidney transplant: (PTEPRREN)		No - 0	Yes - 1				
	If Yes, please specify date: (PTEPRTDT)			(mm/dd/yyyy)				
	c. Other: (PTEABOTH)		No - 0	Yes - 1				
	If Yes, please specify: (PTEABOSP)							
8.	Is the patient on dialysis/ hemofiltration at the time of listing? <i>(PTEDIAL )</i>		No - 0	Yes - 1				
	Renal Aim							
۵	Jrine protein/creatinine ratio							
	The urine protein and creatinine values should be within 1 Urine protein: (PTEUPROT)	! moi	nth of list	<i>ting. (PTEUCRND)</i> Not	Done mg/dL - 1 mg/L - 2			
				(xxx.x) (PTEPRUT )Units				
	Urine creatinine: (PTEUCREA)							
				(xxx.x) (PTECRUT )Units	mg/dL - 1 mg/L - 2 mmol/L - 3			
10.	Does the participant have any of the below primary renal diseases unrelated to calcineurin inhibitor exposure? (PTERENAL )		No - 0	Yes - 1				
	Primary Renal Diseases: Vesicoureteral reflux, obstructive uropathy, renal hypo/dysplasia, cystic kidney, chronic glomerulonephritis, or other non-CNI disease.							
	Renal dysfunction secondary to primary liver disease and renal tubular dysfunction without decrease in GFR do not apply.							
	If <i>Yes,</i> indicate type: (PTERETYP)							
		Vesicoureteral reflux - 1 Obstructive uropathy - 2 Renal hypo-/dysplasia - 3 Cystic kidney condition - 4 Chronic glomerulonephritis - 5 *Additional Options Listed Below						

If Other, specify: (PTEREOTH)			
Assessments			
Date of listing must be entered in order to display he if they are within the visit window (90 days prior to 3 window, indicate 'Not Done'.			
11. Height: <i>(PTEHTND )</i>	Not Don	e	
(PTEHTDT )	Date	(mm/dd/yyyy)	
(PTEHT)	Value	(xxx.x) cm (PTEHTIN)	(xx.x) in
12. Weight: <i>(PTEWTND )</i>	Not Don	e	
(PTEWTDT)	Date	(mm/dd/yyyy)	
(PTEWT)	Value lbs	(xxx.x) kg (PTEWTLBS)	(xxx.x)
13. Head circumference (if < 5 years): (PTEHCND)	Not Don	e	
(PTEHCDT )	Date	(mm/dd/yyyy)	
(PTEHC)	Value	<i>(xx.x)</i> cm	
14. Tanner stage (if ≥8 years):  Method of assessment: <i>(PTETANME )</i>	Self report - Evaluation - Not done - 9	2	
Pubic: (PTETANPU)	1 2 3 4 5		
Breast: (PTETANBR)	1 2 3 4 5		
15. Current nutritional intake (at listing):  If the participant is currently not receiving nutritional a. Mouth: (PTECNIM)	intake, select the l		
b. Tube: (PTECNIT )	No - 0	Yes - 1	
c. Parenteral (IV): (PTECNIP)	No - 0	Yes - 1	
16. School status: (PTEEDUST)	Attends school Home school No ongoing	pool full time - 1 pool part time - 2 poling only, not medically indicated - 3 poling only, medically indicated - 4 education, medically capable - 5 poptions Listed Below	
a. Grade equivalent: (PTEGREQV)			

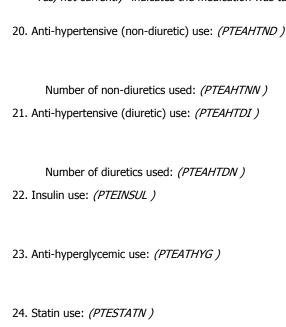


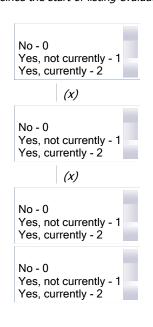
### **Concomitant Medications**

Record medications taken from the start of listing evaluation to the date of listing.

"Yes, currently" indicates that the medication was taken at time of listing.

"Yes, not currently" indicates the medication was taken since the start of listing evaluation but not at the time of listing.





No - 0 Yes, not currently - 1 Yes, currently - 2 No - 0 Yes, not currently - 1 Yes, currently - 2

25. Anti-convulsant use: (PTESEIZU)

The Notes field should not be used to communicate information to the SPLIT DCC. This field is intended to be used for notes center staff may find useful when returning to the form.

Notes: (PTECOMNT)

# **Additional Selection Options for PTE**

## Primary cause of graft failure:

- 6- Hepatic artery thrombosis
- 7- Portal vein thrombosis
- 8- Postoperative hemorrhage
- 9- Biliary tract- intrahepatic only
- 10- Biliary tract- intra and extrahepatic
- 11- Hepatitis B infection
- 12- HCV infection
- 13.1- Immunosuppression decreased or stopped due to infection
- 13.2- Immunosuppression decreased or stopped due to noncompliance
- 13.3- Immunosuppression decreased or stopped due to LPD
- 14- Recurrent liver disease
- 99- Other

## 1st contributing cause of graft failure:

- 5- Chronic rejection- vascular
- 6- Hepatic artery thrombosis
- 7- Portal vein thrombosis
- 8- Postoperative hemorrhage
- 9- Biliary tract- intrahepatic only
- 10- Biliary tract- intra and extrahepatic
- 11- Hepatitis B infection
- 12- HCV infection
- 13.1- Immunosuppression decreased or stopped due to infection
- 13.2- Immunosuppression decreased or stopped due to noncompliance
- 13.3- Immunosuppression decreased or stopped due to LPD
- 14- Recurrent liver disease
- 99- Other

### If Yes, indicate type:

Other - 9

## School status:

No ongoing education, medically incapable - 6 Not of school age - 7 Attending college/ completed HS/GED - 8

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