

SPLIT			
\$sitecode	User:	System Date:	Mode: Development
Site Name:			

Pretransplant Evaluation (PTE)

Version: 9.0; 12-26-07

Segment (*PROTSEG*):Visit Number (*VISNO*):

The Pretransplant Evaluation form captures data collected at the time of transplant listing. Data should be entered for evaluations performed closest to listing or used to list the participant.

Status and Listing Information

- Date of transplant listing (deceased/living): (*PTELSTDT*) | (mm/dd/yyyy)
Date of transplant listing must be entered to determine ranges for date fields and expectations for age-dependent fields below.
- UNOS Status 1a or 1b: (*PTEUNOS*) No - 0 Yes - 1
- Canadian Status 4 or 4f (equivalent to UNOS Status 1): (*PTEUNOS*) No - 0 Yes - 1
If yes, complete Status 1 Listing form.
 - Indicate score type used to list with UNOS: (*PTESCORE*) PELD - 1 MELD - 2
 - Was the calculated score or exception score used to list the participant? (*PTEALLOC*) Calculated - 0 Exception - 1
 PELD exception score: (*PTEPELDA*) | (xxx.x)
 MELD exception score (if ≥ 12 years): (*PTEMELDA*) | (xxx.x)
- Patient status (at listing): (*PTESTAT*)

ICU - 1	<input type="checkbox"/>
Hospitalized, not in ICU - 2	<input type="checkbox"/>
Not hospitalized - 3	<input type="checkbox"/>

Labs/Procedures

- 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 (*PTELOWDT*) (mm/dd/yyyy) 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 were drawn: (*PTECHDT*) (mm/dd/yyyy)

Common Units (CU)

Standard International (SI)

Duration Fasting
Required if participant
 ≥ 5 years

Total Bilirubin:	(PTEOBIL) (xxx.x) mg/dL	(PTEBBSI) (xxxxx.x) μmol/L	(PTEBDFS)	None (< 4 hrs) - 0 4-8 hours - 1 > 8 hours - 2 Unknown - 9
Direct Bilirubin:	(PTEDIBIL) (xxx.xx) mg/dL	(PTEDBSI) (xxxxx.xx) μmol/L		
AST/ SGOT:	(PTEAST) U/L	(xxxxx) (PTEASTSI) (xxxxx) U/L		
ALT/ SGPT:	(PTEALT) U/L	(xxxxx) (PTEALTSI) U/L	(xxxxx)	
Albumin:	(PTEALB) g/dL	(xx.x) (PTEALBSI) g/L	(xxx.x)	
Total cholesterol:	(PTECHCU) mg/dL	(xxxx) (PTECHSI) (xx.xxx) mmol/L	(PTECDF5)	None (< 4 hrs) - 0 4-8 hours - 1 > 8 hours - 2 Unknown - 9
Triglycerides:	(PTETRICU) mg/dL	(xxxx) (PTETRISI) (xxx.xx) mmol/L	(PTETRDFS)	None (< 4 hrs) - 0 4-8 hours - 1 > 8 hours - 2 Unknown - 9
Glucose:	(PTEGLUCU) mg/dL	(xxxx) (PTEGLUSI) mmol/L	(xxx)	(PTEGLDFS) None (< 4 hrs) - 0 4-8 hours - 1 > 8 hours - 2 Unknown - 9
Sodium:	(PTESODUM) mEq/mL	(xxx) (PTESODSI) mmol/L	(xxx)	
Serum Creatinine:	(PTESRCRE) mg/dL	(xx.x) (PTESCSI) (xxxx.x) μmol/L		
WBC:	(PTEWBC) 10 ³ cells/μL	(xxx.x) (PTEWBCSI) (xxx.x) 10 ⁹ cells/L		
Platelets:	(PTEPLAT) 10 ³ cells/μL	(xxxx) (PTEPLTSI) 10 ⁹ cells/L	(xxxx)	
Hemoglobin:	(PTEHGBCU) (xxx.x) g/dL	(PTEHGBSI) (xxx.x) g/L		
Prothrombin time:	(PTEPROTM) (xxx.x) seconds			
INR:	(PTEINR)	(xx.x)		

6. Total number of prior liver transplants: (PTEPRTRA) (x)
 Record the number of liver transplants prior to enrollment in SPLIT.
 a. Date of most recent transplant: (PTEDTTRA) (mm/dd/yyyy)
 b. Primary cause of graft failure: (PTEGFPRI)

- 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: (PTENCU1)

- 0- None
- 1- Primary graft dysfunction
- 2- Hyperacute rejection
- 3- Acute rejection
- 4- Chronic rejection- ductopenic
- *Additional Options Listed Below

If *Other*, please specify: (PTECON10)

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? (PTEDIAL) No - 0 Yes - 1

Renal Aim

9. Urine protein/creatinine ratio
The urine protein and creatinine values should be within 1 month of listing. (PTEUCRND) Not Done

Urine protein: (PTEUPROT) (xxx.x) (PTEPRUT)Units mg/dL - 1
 mg/L - 2
 mmol/L - 3

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 *Yes*, indicate type: (PTERETYP)

- Vesicoureteral reflux - 1
- Obstructive uropathy - 2
- Renal hypo-/dysplasia - 3
- Cystic kidney condition - 4
- Chronic glomerulonephritis - 5
- *Additional Options Listed Below

b. Special education: (PTESPED)

- Above grade level - 1
- At grade level - 2
- Below grade level - 3

- None - 1
- Gifted-talented - 2
- Remedial reading (tutoring, reading support, speech therapy) - 3
- Special educational support or in special educational classroom - 4

17. Guardian/Parents' marital status (at listing): (PTEBPMS)

- Married - 1
- Divorced/ separated - 2
- Widowed - 3
- Never married, living together - 4
- Never married, living separately - 5

18. Biological mother's height:

Method of Assessment: (PTEMOMHR)

- Measurement - 1
- Report - 2
- Not done - 9

Enter mother's height in inches or centimeters. (PTEMOMHI)

(xxx.x) inches (PTEMOMHT)

(xxx.x) cm

19. Biological father's height:

Method of Assessment: (PTEDADHR)

- Measurement - 1
- Report - 2
- Not done - 9

Enter father's height in inches or centimeters. (PTEDADHI)

(xxx.x) inches (PTEDADHT)

(xxx.x) cm

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.

20. Anti-hypertensive (non-diuretic) use: (PTEAHTND)

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

Number of non-diuretics used: (PTEAHTNN)

(x)

21. Anti-hypertensive (diuretic) use: (PTEAHTDI)

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

Number of diuretics used: (PTEAHTDN)

(x)

22. Insulin use: (PTEINSUL)

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

23. Anti-hyperglycemic use: (PTEATHYG)

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

24. Statin use: (PTESTATN)

No - 0	<input type="checkbox"/>
Yes, not currently - 1	<input type="checkbox"/>
Yes, currently - 2	<input type="checkbox"/>

25. Anti-convulsant use: (PTESEIZU)

No - 0	<input type="checkbox"/>
Yes, not currently - 1	<input type="checkbox"/>
Yes, currently - 2	<input type="checkbox"/>

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)

<input type="text"/>

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

