Persons using assistive technology may not be able to fully access information in this file. For assistance, e-mail niddk-cr@imsweb.com. Include the Web site and file name in your message.

| SPLIT | | | |
|---|---|---|---|
| $sitecode | User: | System Date: | Mode: Development |
| Site Name: | | | |

# Status 1 Listing (S1L)

**Version:** 2.0; 12-20-07

**Date listed as Status 1 *(S1LLSTDT )*:**

**Complete for Participants listed as Status 1, or moved from a PELD/MELD Score based listing to Status 1 (Canadian equivalent - 4 or 4f):**

1. Indicate the listing status: (check one) *(S1LUNOS )* ☐ 1a (U.S.)/4f (Canadian) ☐ 1b (U.S.)/4 (Canadian)

2. Labs at Listing as Status 1:

| | Common Units (CU) | Standard International (SI) |
|---|---|---|
| Total Bilirubin: | *(S1LTOBIL )* _____ *(xxxxxx.x)* mg/dL | *(S1LTBSI )* _____ *(xxxxxx.x)* µmol/L |
| Direct Bilirubin: | *(S1LDIBIL )* _____ *(xxxxx.xx)* mg/dL | *(S1LDBSI )* _____ *(xxxxx.xx)* µmol/L |
| AST/ SGOT: | *(S1LAST )* _____ *(xxxxx)* U/L | *(S1LASTSI )* _____ *(xxxxx)* U/L |
| ALT/ SGPT: | *(S1LALT )* _____ *(xxxxx)* U/L | *(S1LALTSI )* _____ *(xxxxx)* U/L |
| Albumin: | *(S1LALB )* _____ *(xx.x)* g/dL | *(S1LALBSI )* _____ *(xxx.x)* g/L |
| Sodium: | *(S1LSODUM )* _____ *(xxx)* mEq/mL | *(S1LSODSI )* _____ *(xxx)* mmol/L |
| Serum Creatinine: | *(S1LSRCRE )* _____ *(xx.x)* mg/dL | *(S1LSCSI )* _____ *(xxxx.x)* µmol/L |
| INR: | *(S1LINR )* _____ *(xx.x)* | |

3. Calculated scores at and prior to listing as Status 1:

Indicate type: *(S1LSCRTY )* ☐ PELD - 1 ☐ MELD - 2 ☐ Not available - 9

At listing for Status 1: *(S1LSCORE )* _____ *(xx.x)*

2 weeks prior (± 1 week) *(S1L2WNA )* ☐ Not Applicable

*(S1L2WK )* Date: mm/dd/yyyy Score: *(S1LSCR2 )* *(xx.x)*

4 weeks prior (± 1 week) *(S1L4WNA )* ☐ Not Applicable

*(S1L4WK )* Date: mm/dd/yyyy Score: *(S1LSCR4 )* *(xx.x)*

8 weeks prior (± 1 week) *(S1L8WNA )* ☐ Not Applicable

*(S1L8WK )* Date: mm/dd/yyyy Score: *(S1LSCR8 )* *(xx.x)*

Symptoms/Events: At Listing as Status 1 or Within Last 6 Months:

4. Was Subject in ICU? *(S1LICU )* ☐ No - 0 ☐ Yes - 1
   If *yes*, Date of most recent ICU admission: *(S1LICUDT )* *(mm/dd/yyyy)*
5. Was Subject on a ventilator? *(S1LVLNT )* ☐ No - 0 ☐ Yes - 1
   If *yes*, Date started: *(S1LVNTDT )* *(mm/dd/yyyy)*
6. Was Subject on dialysis or CVVH? *(S1LDIACV )* ☐ No - 0 ☐ Yes - 1
   If *yes*, Date started: *(S1LDICVD )* *(mm/dd/yyyy)*
7. Number of hospital admissions: *(S1LHOSP )* *(xxx)*
8. Ascites requiring diuretic therapy: *(S1LDIRTH )* ☐ No - 0 ☐ Yes - 1
   If *yes*, Date of onset: *(S1LTHRDT )* *(mm/dd/yyyy)*
9. Spontaneous Bacterial Peritonitis: *(S1LBAC )* ☐ No - 0 ☐ Yes - 1
   If *yes*, Number of episodes: *(S1LBACNM )* *(xx)*
10. Hepatic Encephalopathey Grade 3 or 4: *(S1LHEGR )* ☐ No - 0 ☐ Yes - 1
    If *yes*, Date of onset: *(S1LHEDT )* *(mm/dd/yyyy)*
    Grade at listing as Status 1: *(S1LHGRAD )* ☐ 0 - None ☐ 1 ☐ 2 ☐ 3 ☐ 4
11. Variceal Bleeding: *(S1LBLEED )* ☐ No - 0 ☐ Yes - 1
    If *yes*, Number of episodes requiring transfusion: *(S1LBLDTR )* *(xx)*
12. Nutritional support required: *(S1LNTSPT )* ☐ No - 0 ☐ Yes - 1
    If *yes*, Date started: *(S1LNTLDT )* *(mm/dd/yyyy)*
13. Glasgow Coma Score ≤10: *(S1LGCSCR )* ☐ No - 0 ☐ Yes - 1

If *yes*, Date of event: *(S1LGCSDT )* *(mm/dd/yyyy)*

*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: *(S1LNOTES )*