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

Transplant Baseline (TPP)

Version: 6.0; 12-26-07

Segment *(PROTSEG)*:

Visit Number *(VISNO)*:

Transplant date:

All information reported on the Transplant Baseline form should reflect the time period within 48 hours prior to transplant unless otherwise specified below.

Status and Listing Information

1. UNOS Status 1a or 1b: *(TPPUNOS)* ☐ No - 0   ☐ Yes - 1

2. Canadian Status 4 or 4f (equivalent to UNOS Status 1): *(TPPUNOS)* ☐ No - 0   ☐ Yes - 1

   If yes, complete Status 1 Listing form.

   a. Indicate score type used to list with UNOS: *(TPPSCORE)* ☐ PELD - 1   ☐ MELD -2

   b. Was the calculated score or exception score used to list the participant? *(TPPALLOC)* ☐ Calculated - 0   ☐ Exception - 1

   PELD exception score: *(TPPPELDA)* _____ *(xxx.x)*

   MELD exception score (if $\geq$12 years): *(TPPMELDA)* _____ *(xxx.x)*

3. Patient status: *(TPPSTAT)*

   ICU - 1
   Hospitalized, not in ICU - 2
   Not hospitalized - 3

   If Status 1- ICU, please code the following:

   Intubated: *(TPPICINT)* ☐ No - 0   ☐ Yes - 1

   Is the patient on artificial or extracorporeal support? *(TPPARTIF)* ☐ No - 0   ☐ Yes - 1

   Does the participant have encephalopathy: *(TPPICENC)* ☐ No - 0   ☐ Yes - 1

   If *Yes*, please specify stage _____ *(x)*

(1-4): *(TPPENCST)*

Labs/Procedures

4. Hematology/ Chemistries (just prior to transplant):

	Common Units (CU)	Standard International (SI)
Total Bilirubin:	*(TPPTOBIL)* _____ *(xxx.x)* mg/dL	*(TPPTBSI)* _____ *(xxxxx.x)* µmol/L
AST/SGOT:	*(TPPAST)* _____ *(xxxxx)* U/L	*(TPPASTSI)* _____ *(xxxxx)* U/L
ALT/SGPT:	*(TPPALT)* _____ *(xxxxx)* U/L	*(TPPALTSI)* _____ *(xxxxx)* U/L
Albumin:	*(TPPALB)* _____ *(xx.x)* g/dL	*(TPPALBSI)* _____ *(xxx.x)* g/L
Total Cholesterol:	*(TPPTCHOL)* _____ *(xxxx)* mg/dL	*(TPPTCHSI)* _____ *(xx.xxx)* mmol/L
Triglycerides:	*(TPPTRIGL)* _____ *(xxxx)* mg/dL	*(TPPTRISI)* _____ *(xxx.xx)* mmol/L
Glucose:	*(TPPGLUC)* _____ *(xxxx)* mg/dL	*(TPPGLUSI)* _____ *(xxx)* mmol/L
Sodium:	*(TPPSODCU)* _____ *(xxx)* mEq/mL	*(TPPSODSI)* _____ *(xxx)* mmol/L
Serum Creatinine:	*(TPPSRCRE)* _____ *(xx.x)* mg/dL	*(TPPSCSI)* _____ *(xxxx.x)* µmol/L
WBC:	*(TPPWBC)* _____ *(xxx.x)* 10^3 cells/µL	*(TPPWBCSI)* _____ *(xxx.x)* 10^9 cells/L
Platelets:	*(TPPPLAT)* _____ *(xxxx)* 10^3 cells/µL	*(TPPPLTSI)* _____ *(xxxx)* 10^9 cells/L
Prothrombin time:	*(TPPPROTM)* _____ *(xxx.x)* seconds	
INR:	*(TPPINR)* _____ *(xx.x)*	

5. Recipient pretransplant viral screen:
    Enter results from up to 90 days prior to transplant.
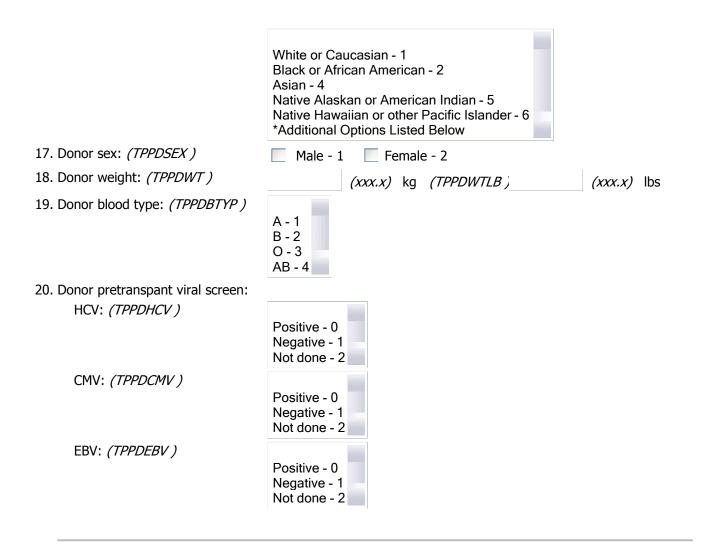
    HCV: *(TPPRHCV)*

    > Positive - 0
    > Negative - 1
    > Not done - 2

    CMV: *(TPPRCMV)*

Positive - 0
Negative - 1
Not done - 2

EBV: *(TPPREBV)*

Positive - 0
Negative - 1
Not done - 2

6. Number of prior liver transplants: *(TPPPRTRA)*   _____ *(x)*

7. Is the participant on dialysis or hemofiltration? *(TPPICDH)*   ☐ No - 0   ☐ Yes - 1

Renal Aim

8. Does the participant have any of the below primary renal diseases unrelated to calcineurin inhibitor exposure? *(TPPRENAL)*   ☐ 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: *(TPPRETYP)*

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

    If *Other*, specify: *(TPPREOTH)*   _____

Assessments

9. Height: *(TPPHTND)*   ☐ Not Done

    (TPPHTDT)   Date _____ *(mm/dd/yyyy)*

    (TPPHT)   Value _____ *(xxx.x)* cm   *(TPPHTIN)* _____ *(xx.x)* in

10. Weight: *(TPPWTND)*   ☐ Not Done

    (TPPWTDT)   Date _____ *(mm/dd/yyyy)*

    (TPPWT)   Value _____ *(xxx.x)* kg   *(TPPWTLBS)* _____ *(xxx.x)*

lbs

11. Head Circumference (if < 5 years): *(TPPHCND)*

    ☐ Not Done

    (TPPHCDT)

Date   *(mm/dd/yyyy)*

    (TPPHC)

Value   *(xx.x)* cm

12. Tanner stage (if ≥8 years):

    Method of assessment: *(TPPTANME)*

        Self report - 1
        Evaluation - 2
        Not done - 9

    Pubic: *(TPPTANGE)*

        1
        2
        3
        4
        5

    Breast: *(TPPTANBR)*

        1
        2
        3
        4
        5

13. Primary payor: *(TPPPAYOR)*

    Medicaid or equivalent and/or state funded children's services - 1
    HMO/ managed care - 3
    Traditional private insurance - 4
    Champus (military) - 5
    Self pay - 6
    *Additional Options Listed Below

    If *Other*, please specify: *(TPPOTHPY)*

Donor Information

14. Donor age

    If participant ≥ 2 years, record age in years: *(TPPDAGEY)*   *(xx)* years

    If participant < 2 years, enter 0 for years and record age in months: *(TPPDAGEM)*   *(xx)* months

15. Donor ethnicity: *(TPPDETHN)*

    Hispanic or Latino - 1
    Not Hispanic or Latino - 2
    Unknown - 9

16. Primary donor race: *(TPPDRACE)*

White or Caucasian - 1
Black or African American - 2
Asian - 4
Native Alaskan or American Indian - 5
Native Hawaiian or other Pacific Islander - 6
*Additional Options Listed Below

17. Donor sex: *(TPPDSEX)* ☐ Male - 1   ☐ Female - 2

18. Donor weight: *(TPPDWT)* _____ *(xxx.x)* kg *(TPPDWTLB)* _____ *(xxx.x)* lbs

19. Donor blood type: *(TPPDBTYP)*

A - 1
B - 2
O - 3
AB - 4

20. Donor pretranspant viral screen:

    HCV: *(TPPDHCV)*

    Positive - 0
    Negative - 1
    Not done - 2

    CMV: *(TPPDCMV)*

    Positive - 0
    Negative - 1
    Not done - 2

    EBV: *(TPPDEBV)*

    Positive - 0
    Negative - 1
    Not done - 2

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: *(TPPCOMME)*

Additional Selection Options for TPP

If *Yes*, indicate type:
Other - 9

Primary payor:
Donation - 7
No funding - 8
Other - 99

Primary donor race:
Unknown - 9