

Subject ID: \_\_\_\_\_  
 Date of Visit: \_\_\_\_\_



**ChiLDReNLink: PROBE**

**Form 25 Liver Transplant**

B1 Date of liver transplant

Month Day Year

B1a Was liver tissue collected for the repository?

--  
 No  
 Yes

B1b Total time elapsed between harvested and snap-freezing:

Not Done   
 --  
 Minutes  
 Not Done

PELD Scores (closest to transplant)

B2 Calculated PELD score:

B3 Exception

Not Done   
 --  
 Requested but not received  
 Not Done

UNOS status

B4 Status 1

--  
 No  
 Yes

B6 Exception

--  
 Not requested

Subject ID: \_\_\_\_\_  
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- Requested
- Approved

B6 Subject was registered with SPLIT:

- 
- No
- Yes

B7 SPLIT center code:

B8 SPLIT subject code:

B9 Weight

- 
- kg
- lbs
- oz
- Not Done

B10 Height or length

- 
- cm
- inches
- Not Done

B11 Head circumference

- 
- cm
- inches
- Not Done

Laboratory evaluations done within the week prior to transplant:

B12 Total bilirubin

Not Done

- mg/dl
- Not Done

B13 Direct bilirubin

Not Done =

- mg/dl
- Not Done

B14 Conjugated bilirubin

Not Done =

- mg/dl

Subject ID: \_\_\_\_\_  
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Not Done

B15 Prothrombin time  
 Not Done   
 sec  
 Not Done

B16 INR  
 Not Done =    
 --  
 Not Done

B17 Creatinine  
 Not Done =    
 mg/dl  
 Not Done

B18 Albumin  
 Not Done   
 g/L  
 Not Done

B19 Glucose  
 Not Done =    
 mg/dl  
 Not Done

B20 Platelets  
 Not Done =    
 10<sup>3</sup>/mm<sup>3</sup>  
 10E+09/l  
 Not Done

B21 Cholesterol  
 Not Done   
 mg/dl  
 Not Done

B22 Donor Type  
 --  
 Deceased  
 Living related donor  
 Living unrelated donor

B23 If deceased donor, specify:  
 --  
 Whole  
 Reduced  
 Split

Subject ID: \_\_\_\_\_  
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B24 Complications present or actively treated at time of transplant (check all that apply):

- None
- Failure to thrive
- Ascites
- Peritonitis
- Cholangitis
- Failed hepatoportoenterostomy
- Coagulopathy
- Varices
- GI Bleed
- Encephalopathy
- Hepatopulmonary syndrome
- Hepatorenal syndrome
- Other
- No information available

Answer only if "Failure to thrive" is selected in previous question, was there an Ng tube feeding?

B25

- 
- No
- Yes

Investigator Signed?

C1

- 
- No
- Yes

Date investigator signed

C2

Month Day Year

Checking "Yes" to this question indicates that the current questionnaire or task has been completed with all available information. It will be removed from the Task list, but will remain available from the iTask through the CENSUS.

Z1

This questionnaire or task has been completed with all available data:

- 
- Yes