

CTS COLLABORATIVE TRANSPLANT STUDY

Liver Transplant

Transplant Center _____

RECIPIENT

Name (Last, First) or ID _____ Age _____ Sex _____ Race _____ ABO _____

Viral Status: HCV pos neg
HBV pos neg
EBV pos neg
CMV pos neg

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

CMV Prophylaxis

yes _____
 no type/manufacture _____

Pretransplant Antibodies (latest serum)

Lymphocytotoxicity (CDC) T cells or unsep.: _____ % B cells: _____ %

Luminex Single Antigen Assay

neg pos pos beads

Class I _____ %

Class II _____ %

Donor Specific Antibodies (DSA)

no yes highest MFI

Class I _____

Class II _____

Does this patient have a **history of smoking?** yes no

Is this patient **currently a smoker?** yes no

Does this patient receive **treatment for diabetes?** yes no

Is patient on **antihypertensive drugs** (excl diuretics)? yes no

Desensitization prior to transplant: no yes _____

specify methods _____

Lab-MELD: _____ (PELD for pediatrics)

Original Disease

Cirrhosis

Primary Biliary

Cryptogenic

Alcoholic

Hepatitis B

Hepatitis C

Chronic Active Hep.

Autoimmune

Other _____

specify _____

Sclerosing Cholangitis

Biliary Atresia

Fulminant Hepatitis

Acute Hepatic Failure

Tumor _____

specify _____

Metabolic _____

specify _____

Other _____

specify _____

Your **general evaluation** of this patient as candidate for transplantation:

Good

Moderate

Poor

If moderate or poor, indicate reason(s):

Urgency

Other _____

specify _____

Immunosuppressive Protocol

(intention to treat)

Cyclosporine: _____

Tacrolimus: _____

specify drug _____

Azathioprine

Mycophenolates: _____

specify drug _____

Steroids

Everolimus/Certican

Sirolimus/Rapamycin

IL2R-antibody induction

ATG prophylactic: _____

ATG manufacturer _____

Other monoclonal antibody: _____

Other immunosuppression: _____

On immunosuppressive trial _____

specify _____

TRANSPLANT

Transplant Date

_____/_____/_____
Day Month Year

Donor (Relationship)

Deceased

Parent

Sibling

Other _____

specify _____

Graft No.

First

Second

Third

Urgency

Super urgent

Urgent

Normal

Graft Size

Full size

Reduced size

Split liver

If not full size

Left lateral (Seg 2-3)

Left lobe (Seg 2-4)

Right lobe (Seg 5-8)

Ext. right lobe (Seg 4-8)

Other _____

specify _____

If Retransplant

Number days previous graft functioned _____

Special Technique

Auxiliary

Heterotopic/Piggy

Other _____

specify _____

Combined tx

Kidney + liver tx

other _____

Crossmatch results (latest pretransplant serum)

Indicate results **obtained** with + (pos) or - (neg), leave rest blank

Whole

Lymphocytes

CDC

T cells

CDC

B cells

CDC

Flow

Luminex

ELISA

DONOR

Name (Initials) or ID _____ Age _____ Sex _____ Race _____ ABO _____

Viral Status: HCV pos neg
HBV pos neg
EBV pos neg
CMV pos neg

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

Donor Death

Trauma

Cerebrovascular

Other _____

specify _____

Donor Risk

Donor history of hypertension

Non-heartbeating donor

Marginal donor for other reason

reason(s) _____

Preservation

Machine perfusion

manufacturer _____

method/temperature _____

Time: _____ hours

Cold storage

UW Solution

HTK

Celsior

Other _____

CIT: _____ hours _____ min

Donor Risk Index: _____ UNOS ET Other: _____

Mail to: Transplantation Immunology
Im Neuenheimer Feld 305
69120 Heidelberg · Germany

Date _____

Completed by _____