

CTS COLLABORATIVE TRANSPLANT STUDY

LIVER TRANSPLANT

Transplant Center _____

RECIPIENT

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

Viral Status: HCV pos neg

HBV pos neg

EBV pos neg

CMV pos neg

HLA-Serology

A _____ B _____ DR _____

HLA-DNA Typing

DNA-DRB _____ DNA-DQA _____ DNA-DQB _____

CMV prophylaxis yes _____
 no Type, Manufacturer _____

Pretransplant Antibodies

Lymphocytotoxicity

Latest serum

T cells or unsep: _____ % pos

B cells: _____ % pos

Solid Phase Assay (latest serum)

Class I neg pos _____ % panel

Class II neg pos _____ % panel

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

Currently smoking? no yes

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

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

Pretransplant Blood Transfusions: _____ No. units ever given

MELD score (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)

Check **combination:**

CYA-Neoral or CYA generic

preop (loading)

from day _____

Tacrolimus/FK506 _____ from day

Sirolimus/Rapamycin

Everolimus/Certican

MMF/CellCept or MMF generic

Myfortic

AZA

Steroids

Protocol includes:

ATG prophylactic

_____ ATG Manufacturer

OKT3 prophylactic

Simulect prophylactic

Zenapax prophylactic

Other Immuno-suppression: _____ specify

If patient is enrolled in **blind** trial, check here:

TRANSPLANT Transplant Date

Day Month Year

Donor (Relationship)

Cadaver

Parent

Sibling

Other _____ specify

Graft No.

First

Second

Third

Other _____ specify

Urgency

Super urgent

Urgent

Normal

If Retransplant

Number days previous

graft functioned

Graft Size

Full size

Reduced size

Split liver

Other _____ specify

If not full size

Left lobe (Seg 2-3)

Left liver (Seg 2-4)

Right liver (Seg 5-8)

Other _____ specify

Special Technique

Auxiliary

Heterotopic

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

22°

T cells

37° or 22°

B cells

(unabsorbed)

37° or 22°

5°

Flow

ELISA

Indicate where relevant:

Autologous X-match

against recipient cells

T37/22 B37/22 B5

DTT

X-match

DONOR

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

Viral Status: HCV pos neg

HBV pos neg

EBV pos neg

CMV pos neg

HLA-Serology

A _____ B _____ DR _____

HLA-DNA Typing

DNA-DRB _____ DNA-DQA _____ DNA-DQB _____

Donor Death

Trauma

Cerebrovascular

Other _____ specify

Treated with

Dopamine

Noradrenalin

no treatment

Macrovesicular Steatosis

Donor history of hypertension

Marginal donor for

other reason _____ specify

Non-heartbeating donor

Preservation

UW Solution

Eurocollins

Celsior

Other _____ specify

Cold Ischemia

(hours) _____

Date _____

Signature _____

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