

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 _____

Pretransplant Antibodies

Lymphocytotoxicity

Latest serum

T cells or unsep: _____ % pos

B cells: _____ % pos

sCD30 level: _____ units/mL

Solid Phase Assay (latest serum)

Class I neg pos % panel

ELISA _____

Luminex _____

Class II neg pos % panel

ELISA _____

Luminex _____

yes
 no Type, Manufacturer _____

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

Currently smoking? yes no

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

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

MELD score: _____ (PELD for pediatrics)

Pretransplant Blood Transfusions: _____ No. units ever given

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

Optoral/Neoral

Generic

Azathioprine

Everolimus/Certican

Sirolimus/Rapamycin

Steroids

IL2R-antibody induction

ATG prophylactic: _____

Tacrolimus

Prograf

Advagraf

Generic

Mycophenolate (MPA)

CellCept

Myfortic

Generic

ATG Manufacturer _____

Other monoclonal antibody: _____

Other Immunosuppression: _____

Patient is enrolled in immunosuppressive trial

TRANSPLANT

Transplant Date

_____/_____/_____
Day Month Year

Donor (Relationship)

Deceased

Parent

Sibling

Other _____

specify

Graft No.

First

Second

Third

If Retransplant

Number days previous graft functioned _____

Urgency

Super urgent

Urgent

Normal

Graft Size

Full size

Reduced size

Split liver

Special Technique

Auxiliary

Heterotopic

Other _____

specify

If not full size

Left lobe (Seg 2-3)

Left liver (Seg 2-4)

Right liver (Seg 5-8)

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) 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

Treated with

Dopamine

Noradrenalin

no treatment

Macrovesicular Steatosis

Donor history of hypertension

Marginal donor for

other reason _____

Non-heartbeating donor

specify

Preservation

UW Solution

HTK

Celsior

Other _____

Cold Ischemia

(hours) _____

Date

Signature

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