

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

HLA-DNA Typing

A _____ B _____ DR _____

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

sCD30 level: _____ units/mL 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)

Check **combination:**

CYA-Neoral or CYA generic

preop (loading)

from day _____

Tacrolimus/FK506 _____

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	Donor (Relationship)	Graft No.	Urgency	Graft Size	If not full size
	_____/_____/_____ Day Month Year	<input type="checkbox"/> Cadaver <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other _____ specify	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third	<input type="checkbox"/> Super urgent <input type="checkbox"/> Urgent <input type="checkbox"/> Normal	<input type="checkbox"/> Full size <input type="checkbox"/> Reduced size <input type="checkbox"/> Split liver	<input type="checkbox"/> Left lobe (Seg 2-3) <input type="checkbox"/> Left liver (Seg 2-4) <input type="checkbox"/> Right liver (Seg 5-8) <input type="checkbox"/> Other _____ specify
			If Retransplant Number days previous graft functioned _____		Special Technique <input type="checkbox"/> Auxiliary <input type="checkbox"/> Heterotopic <input type="checkbox"/> Other _____ specify	Combined tx <input type="checkbox"/> Kidney + liver tx <input type="checkbox"/> _____ other

Crossmatch results (latest pretransplant serum)

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

Whole B cells

Lymphocytes T cells (unabsorbed)

22° 37° or 22° 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

HLA-DNA Typing

A _____ B _____ DR _____

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 _____

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