CTS COLLABORATIVE TRANSPLANT STUDY

LIVER TRANSPLANT

Basic Follow-Up

Transplant Center _____ Recipient Name (Last, First) or ID _____ Transplant Date (Day/Month/Year) / /

Clinical Outcome Grades

Post Tx	Grade	Post Tx	Grade
3 Months		10 Years	
6 Months		11 Years	
1 Year		12 Years	
2 Years		13 Years	
3 Years		14 Years	
4 Years		15 Years	
5 Years		16 Years	
6 Years		17 Years	
7 Years		18 Years	
8 Years		19 Years	
9 Years		20 Years	

Graft Failure Date
/ /
(Day/Month/Year)

Patient Last Seen
/ /
(Day/Month/Year)

Death Date
/ /
(Day/Month/Year)

Cause of Death

- ☐ Infection
- ☐ Sepsis
- ☐ Cardiac / Cardiovascular
- ☐ Myocardial Infarction
- ☐ Cerebrovascular Accident
- ☐ Cancer
- ☐ Multi Organ Failure
- ☐ Graft Failure
- ☐ Other _____ (Please specify)

Legend of Grades:

A = good functioning graft
B = impaired graft function but no failure

I = graft failure due to immunological rejection
R = recurrence of original disease
F = failure for unclear reason, perhaps rejection component, infection, etc.
T = technical failure
N = nonimmunological failure (e.g. suicide, accident, brain hemorrhage)
M = metastasis of preexisting tumor

Pre- and Post-Transplant Malignant Tumors

		1. Diagnosis	2. Diagnosis	3. Diagnosis
Diagnosis Date (dd/mm/yyyy)		/ /	/ /	/ /
Diagnosis Text				
ICD-10 Code				
Overall Stage		I ☐ II ☐ III ☐ IV ☐	I ☐ II ☐ III ☐ IV ☐	I ☐ II ☐ III ☐ IV ☐
If Skin (C44)	Type	BCC ☐ SQCC ☐	BCC ☐ SQCC ☐	BCC ☐ SQCC ☐
	Other (specify)			
If Kaposi	Type	Skin only ☐ Visceral ☐	Skin only ☐ Visceral ☐	Skin only ☐ Visceral ☐
If Lymphoma	Localization			
	Type	B-Cell ☐ T-Cell ☐	B-Cell ☐ T-Cell ☐	B-Cell ☐ T-Cell ☐
If Leukemia	Lymphoid	Acute ☐ Chronic ☐	Acute ☐ Chronic ☐	Acute ☐ Chronic ☐
	Myeloid	Acute ☐ Chronic ☐	Acute ☐ Chronic ☐	Acute ☐ Chronic ☐
	Other (specify)			

Date _____ Completed by _____

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