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

Malignant Tumors

		1. Diagnosis	2. Diagnosis	3. Diagnosis
Diagnosis Date (dd/mm/yy)		_____	_____	_____
Diagnosis Text		_____	_____	_____
ICD-10 Code		_____	_____	_____
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 _____ Signature _____

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