

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 _____

CMV Prophylaxis

yes _____
 no type/manufacturere

Pretransplant Antibodies (latest serum)

Lymphocytotoxicity (CDC) T cells or unsep.: _____ % B cells: _____ %

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

Luminex Single Antigen Assay

neg pos pos beads

Donor Specific Antibodies (DSA)

no yes highest MFI

Class I _____ %

Class I _____

Class II _____ %

Class II _____

Is this patient **currently a smoker?** yes no

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

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

Desensitization prior to transplant: yes no

Lab-MELD: _____ (PELD for pediatrics)

Original Disease

- Cirrhosis
 Primary Biliary
 Cryptogenic
 Alcoholic
 Hepatitis B
 Hepatitis C
 Chronic Active Hep.
 Autoimmune
 Other _____ specify
- 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: _____
 Tacrolimus: _____ specify drug
 Azathioprine
 Mycophenolates: _____ specify drug
 Steroids
 Everolimus/Certican Sirolimus/Rapamycin
 IL2R-antibody induction
 ATG prophylactic: _____ ATG manufacturer
Other monoclonal antibody: _____
Other immunosuppression: _____
Patient is enrolled in immunosuppressive trial

TRANSPLANT	Transplant Date	Donor (Relationship)	Graft No.	Urgency	Graft Size	If not full size
	_____/_____/_____ Day Month Year	<input type="checkbox"/> Deceased <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 lateral (Seg 2-3) <input type="checkbox"/> Left lobe (Seg 2-4) <input type="checkbox"/> Right lobe (Seg 5-8) <input type="checkbox"/> Ext. right lobe (Seg 4-8) <input type="checkbox"/> Other _____ specify
			If Retransplant Number days previous graft functioned: _____		Special Technique <input type="checkbox"/> Auxiliary <input type="checkbox"/> Heterotopic/Piggy <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 Lymphocytes CDC	T cells CDC	B cells CDC	Flow	Luminex	ELISA
_____	_____	_____	_____	_____	_____

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

Donor Risk

- Donor history of hypertension
 Non-heartbeating donor
 Marginal donor for other reason
_____ reason(s)

Preservation

- Machine perfusion
_____ manufacturer
_____ method/temperature
Time: _____ hours

Cold storage

- UW Solution
 HTK
 Celsior
 Other _____
CIT: _____ hours

Donor Risk Index: _____ UNOS ET Other: _____

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

Date _____

Name of form filler _____