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Liver Transplant Recipient Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Recipient Information

Name: DOB:

SSN: Gender:

HIC: Tx Date:

Previous Follow-Up: Previous Px Stat Date:

Transplant Discharge Date:

State of Permanent Residence:

Zip Code: -

Provider Information

Recipient Center:

Followup Center:

Physician Name:

UPIN#:

Follow-up Care Provided By:
- Transplant Center
- Non Transplant Center Specialty Physician
- Primary Care Physician
- Other Specify

Specify:

Donor Information

UNOS Donor ID #:

Donor Type:

Patient Status

Date: Last Seen, Retransplanted or Death *

Patient Status: *
- LIVING
- DEAD
- RETRANSPLANTED

Primary Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Hospitalizations:

Has the patient been hospitalized since the last patient status date: YES NO UNK

Number of Hospitalizations: St=

Noncompliance:

Was there evidence of noncompliance with immunosuppression medication during this follow-up period that compromised the patient's recovery: YES NO UNK

Functional Status:	○ Performs activities of daily living with NO assistance. ○ Performs activities of daily living with SOME assistance. ○ Performs activities of daily living with TOTAL assistance. ○ Not Applicable (example: Patient hospitalized, < 1 year old) ○ Unknown
Physical Capacity:	○ No Limitations ○ Limited Mobility ○ Wheelchair bound or more limited ○ Not Applicable (example: < 1 year old) ○ Unknown
Working for income:	○ YES ○ NO ○ UNK
If No, Working Due To	○ Disability ○ Demands of Treatment ○ Insurance Conflict ○ Inability to Find Work ○ Patient Choice - Homemaker ○ Patient Choice - Student Full Time/Part Time ○ Patient Choice - Retired ○ Patient Choice - Other ○ Unknown
If Yes:	○ Working Full Time ○ Working Part Time due to Demands of Treatment ○ Working Part Time due to Disability ○ Working Part Time due to Insurance Conflict ○ Working Part Time due to Inability to Find Full Time Work ○ Working Part Time due to Patient Choice ○ Working Part Time Reason Unknown ○ Working, Part Time vs. Full Time Unknown
Academic Progress:	○ Within One Grade Level of Peers ○ Delayed Grade Level ○ Special Education ○ Not Applicable < 5 years old ○ Status Unknown
Academic Activity Level:	○ Full academic load ○ Reduced academic load ○ Unable to participate in academics due to disease or condition ○ Not Applicable < 5 years old ○ Status Unknown
Primary Insurance at Follow-up:	
Specify:	

Clinical Information

Height:	ft.	in.	cm	**%ile**	**St=**	
Weight:	lbs.		kg	**%ile**	**St=**	
BMI:				**%ile**		

Pathology confirmed liver diagnosis at hospital discharge:	
Specify:	

Graft Status: ○ Functioning ○ Failed

Date of Failure:

Contributory causes of graft failure:

Primary Graft Failure ○ YES ○ NO ○ UNK

Vascular Thrombosis ○ YES ○ NO ○ UNK

Biliary Tract Complication: ○ YES ○ NO ○ UNK

Denovo Hepatitis ○ YES ○ NO ○ UNK

Recurrent Hepatitis: ○ YES ○ NO ○ UNK

Recurrent Disease: ○ YES ○ NO ○ UNK

Acute Rejection: ○ YES ○ NO ○ UNK

Chronic Rejection: ○ YES ○ NO ○ UNK

Infection: ○ YES ○ NO ○ UNK

Patient Noncompliance: ○ YES ○ NO ○ UNK

Other, Specify:

Discharge Lab Data:

Lab Date:

Total Bilirubin: mg/dl **St=**

SGPT/ALT: U/L **St=**

Serum Albumin: g/dl **St=**

Serum Creatinine: mg/dl **St=**

INR: mg/dl **St=**

Most Recent Lab Data:

Lab Date:

Total Bilirubin: mg/dl **St=**

SGPT/ALT: U/L **St=**

Serum Albumin: g/dl **St=**

Serum Creatinine: mg/dl **St=**

INR: mg/dl **St=**

Diabetes during the follow-up period: ○ YES ○ NO ○ UNK

Insulin dependent: ○ YES ○ NO ○ UNK

Did patient have any acute rejection episodes during the follow-up period:

○ Yes, at least one episode treated with anti-rejection agent
○ Yes, none treated with additional anti-rejection agent
○ No
○ Unknown

Was biopsy done to confirm acute rejection:

○ Biopsy not done
○ Yes, rejection confirmed
○ Yes, rejection not confirmed
○ Unknown

Viral Detection

Were any of the following viruses diagnosed for onset or recurrence during this follow-up period: (HIV, CMV, HBV, HCV, EBV) ◯ YES ◯ NO

HIV ◯ YES ◯ NO

Test	**Result**
Was there clinical disease (ARC,AIDS):	◯ YES ◯ NO ◯ UNK
Antibody:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
RNA:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose

CMV ◯ YES ◯ NO

Test	**Result**
Was there clinical disease:	◯ YES ◯ NO ◯ UNK
IgG:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
IgM:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
Nucleic Acid Testing:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
Culture:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose

HBV ◯ YES ◯ NO

Test	**Result**
Was there clinical disease:	◯ YES ◯ NO ◯ UNK
Liver Histology:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
Core Antibody:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
Surface Antigen:	◯ Positive ◯ Negative ◯ Not Done

	◯ UNK/Cannot Disclose
HBV DNA:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
HDV:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose

HCV	◯ YES ◯ NO
Test	**Result**
Was there clinical disease:	◯ YES ◯ NO ◯ UNK
Liver Histology:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
Antibody:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
RIBA:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
HCV RNA:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose

EBV	◯ YES ◯ NO
Test	**Result**
Was there clinical disease:	◯ YES ◯ NO ◯ UNK
IgG:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
IgM:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose
EBV DNA:	◯ Positive ◯ Negative ◯ Not Done ◯ UNK/Cannot Disclose

Postransplant Malignancy:

YES NO UNK

Donor Related: YES NO UNK

Recurrence of Pre-Tx Tumor: YES NO UNK

De Novo Solid Tumor: YES NO UNK

De Novo Lymphoproliferative disease and Lymphoma: YES NO UNK

Treatment

Biological or Anti-viral therapy: YES NO Unknown/Cannot disclose

If Yes, check all that apply:

- Acyclovir (Zovirax)
- Cytogamn (CMV)
- Gamimune
- Gammagard
- Ganciclovir (Cytovene)
- Valgancyclovir (Valcyte)
- HBIG (Hepatitis B Immune Globulin)
- Flu Vaccine (Influenza Virus)
- Lamivudine (Epivir) (for treatment of Hepatitis B)
- Other, Specify

Specify:

Specify:

Other therapies: YES NO

If Yes, check all that apply:

- Photopheresis
- Plasmapheresis
- Total Lymphoid Irradiation (TLI)

Immunosuppressive Information

Previous Validated Maintenance Follow-Up Medications:

Were any medications given during the follow-up period for maintenance:

- Yes, same as previous validated report
- Yes, but different than previous validated report
- None given

Did the physician discontinue all maintenance immunosuppressive medications: YES NO

Did the patient participate in any clinical research protocol for immunosuppressive medications: YES NO

Specify:

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Follow-Up Medications

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: Methylprednisolone, Atgam, Thymoglobulin, OKT3, Simulect, or Zenapax). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect or Zenapax was given in 2 doses a week apart, then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (example: from Tacrolimus

to Cyclosporine; or from Mycophenolate Mofetil to Azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

		Prev Maint	Curr Maint	AR
Steroids (Prednisone,Methylprednisolone,Solumedrol,Medrol,Decadron)		☐	☐	☐
Atgam (ATG, Anti-thymocyte Globulin)/NRATG/NRATS		☐	☐	☐
OKT3 (Orthoclone, Muromonab)		☐	☐	☐
Thymoglobulin		☐	☐	☐
Simulect - Basiliximab		☐	☐	☐
Zenapax - Daclizumab		☐	☐	☐
Azathioprine (AZA, Imuran)		☐	☐	☐
EON (Generic Cyclosporine)		☐	☐	☐
Gengraf (Abbott Cyclosporine)		☐	☐	☐
Other generic Cyclosporine, specify brand:		☐	☐	☐
Neoral (CyA-NOF)		☐	☐	☐
Sandimmune (Cyclosporine A)		☐	☐	☐
Mycophenolate Mofetil (MMF, Cellcept, RS61443)		☐	☐	☐
Tacrolimus (Prograf, FK506)		☐	☐	☐
Sirolimus (RAPA, Rapamycin, Rapamune)		☐	☐	☐

Other Immunosuppressive Medications

		Prev Maint	Curr Maint	AR
Campath - Alemtuzumab (anti-CD52)		☐	☐	☐
Cyclophosphamide (Cytoxan)		☐	☐	☐
Leflunomide (LFL)		☐	☐	☐
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)		☐	☐	☐
Other Immunosuppressive Medication, Specify		☐	☐	☐
Other Immunosuppressive Medication, Specify		☐	☐	☐

Investigational Immunosuppressive Medications

	Prev Maint	Curr Maint	AR
Everolimus (RAD, Certican)	☐	☐	☐
ERL (Myfortic) - Mycophenolate Sodium	☐	☐	☐
FTY 720	☐	☐	☐

UNOS View Only

Comments:

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