

Records

Adult Liver Transplant Recipient Post 5-Year Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 12/31/2011

Note: These worksheets are provided to function as a guide to what data will be required in the online TIEDI[®] application. Currently in the worksheet, a red asterisk is displayed by fields that are required, independent of what other data may be provided. Based on data provided through the online TIEDI[®] application, additional fields that are dependent on responses provided in these required fields may become required as well. However, since those fields are not required in every case, they are not marked with a red asterisk.

Name:

DOB:

SSN:

Gender:

HIC:

Tx Date:

Previous Follow-Up: Transplant Recipient Registration

Previous Px Stat
Date:

Transplant Discharge Date:

State of Permanent Residence: *

Zip Code: *

Recipient Center:

Followup Center:

UNOS Donor ID #:

Donor Type:

Date: Last Seen, Retransplanted or Death *

Patient Status: *

- LIVING
- DEAD
- RETRANSPLANTED

Primary Cause of Death:

Specify:

Graft Status: *

Functioning Failed

If death is indicated for the recipient, and the death was a result of some other factor unrelated to graft failure, select Functioning.

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

Other, Specify:

Most Recent Serum Creatinine: *

 mg/dl ST=

Post Transplant 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