

Report of Transplantation

Recipient

Country : _____ Institution : _____

Family name : _____ Given name : _____ Date of birth: ____ _

Gender: Male ☐ Female ☐ Blood group: A ☐ B ☐ AB ☐ O ☐

Dry weight: _____(kg) Height: _____(cm) Date of inscription on waiting list: ____ _

Creatinine: _____ (mg/dl) Bilirubin: _____(mg/dl) INR: _____ MELD score: _____

- For patients who have had dialysis twice within the last week, the creatinine value must be set to 4 mg/dl. - Laboratory values less than 1.0 are set to 1.0 for the purposes of the MELD score calculation. - The maximum value for the MELD score is 40. - Bilirubin (mg/dl) = Bilirubin (μmol/l) x 0.06 - Creatinin (mg/dl) = Creatinin (μmol/l) x 0.009

Serum Sodium: _____(mmol/l) Serum albumin: _____(g/l)

Clinical ascites: None ☐ Mild ☐ Moderate ☐ Severe ☐

Encephalopathy: None ☐ Minor ☐ Mild ☐ Severe ☐

Has the patient been transplanted in another center before? Yes ☐ No ☐

If yes, give the name of the previous Center: _____

Recipient viral status:	HBs Ag:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Not available <input type="checkbox"/>
	HBV DNA:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Not available <input type="checkbox"/>
	B Delta:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Not available <input type="checkbox"/>
	Anti HCV:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Not available <input type="checkbox"/>
	HIV serology:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Not available <input type="checkbox"/>
	HCV RNA:	Positive <input type="checkbox"/>	Negative <input type="checkbox"/>	Not available <input type="checkbox"/>

Donor

Blood group: A ☐ B ☐ AB ☐ O ☐ Date of birth: ____ ____ ____ Age: ____

Gender: Male ☐ Female ☐ Country of liver procurement: _____

Group matching: Isogroup ☐ Compatible ☐ Uncompatible ☐

Dry weight: ____ (kg) Height: ____ (cm) Graft weight: ____ (mg)

Cause of death: Drowning ☐ Drug intoxication ☐ Asphyxiation ☐ Cardiovascular ☐

Electrical ☐ Gunshot wound ☐ Stab ☐ Blunt injury ☐

Sudden infant death ☐ Intracranial Hemorrhage / stroke ☐

Graft steatosis: None ☐ Mild (<30%) ☐ Moderate (30%-60%) ☐ Severe (>60%) ☐

In case of living donation

Donor relation: Mother/Father ☐ Son/Daughter ☐ Grandparent ☐

Husband/Spouse ☐ Brother/Sister ☐

Major complication:

No major complication <input type="checkbox"/>	Pulmonary embolism <input type="checkbox"/>	Biliary fistula <input type="checkbox"/>
Biliary stenosis <input type="checkbox"/>	Arterial thrombosis <input type="checkbox"/>	Portal thrombosis <input type="checkbox"/>
Phlebitis <input type="checkbox"/>	Bleeding <input type="checkbox"/>	Liver insufficiency <input type="checkbox"/>
Small for size <input type="checkbox"/>	Wound infection <input type="checkbox"/>	Infection (not wound) <input type="checkbox"/>
Infected collection <input type="checkbox"/>	Non-infected collection <input type="checkbox"/>	Pleural effusion <input type="checkbox"/>

Minimum PT within the 3 months following LT: ____ (%) or Max INR: ____

Maximum bilirubin within 15 days: ____ (mg/dl)

Treatment of complication: Medical ☐ Interventional (percutaneous drainage,...) ☐ Reoperation ☐

Cause of reoperation: _____

Outcome: Alive without reoperation ☐ Alive with reoperation ☐

Alive with transplantation ☐ Dead ☐

Date of outcome: ____ ____ ____

Cause of death: _____

Hepatic disease

Indication: Acute Liver Disease ☐ Chronic Liver Disease ☐ Tumors ☐ Metabolic Disease ☐ Others ☐

Disease 1: _____ Disease 2: _____ [in case of associated disease]

Acute hepatic failure-Fulminant or Subfulminant hepatitis:

A1 : Virus A	A5 : Other known	A9 : Toxic (non drug)
A2 : Virus B	A6 : Other unknown	A91 : Heat shock
A3 : Virus C	A7 : Paracetamol	
A4 : Virus D	A8 : Other drug related specify	

Acute hepatic failure

A10 : Post operative	A11 : Post traumatic	A12 : Others specify
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Subacute hepatitis

A13 : Virus A	A16 : Virus D	A19 : Paracetamol
A14 : Virus B	A17 : Other known	A20 : Other drug related specify
A15 : Virus C	A18 : Other unknown	A21 : Toxic (non drug)

Cholestatic disease

B1 : Secondary biliary cirrhosis	B3 : Primary sclerosing cholangitis	B4 : Others specify
B2 : Primary biliary cirrhosis Congenital biliary disease		

C1 : Caroli disease	C4 : Congenital biliary fibrosis	C6 : Alagille syndrome
C2 : Extrahepatic biliary atresia	C5 : Choledocal cyst	C7 : Others specify

Cirrhosis

D1 : Alcoholic cirrhosis	D7 : Virus BCD related cirrhosis	D9 : Post hepatic cirrhosis - Drug related
D2 : Autoimmune Cirrhosis	D71 : Combined virus C and alcoholic cirrhosis	D10 : Other cirrhosis specify
D3 : Virus B related cirrhosis	D72 : Combined virus B and alcoholic cirrhosis	D11 : Cryptogenic (unknown) cirrhosis
D4 : Virus C related cirrhosis	D73 : Virus E related cirrhosis	
D5 : Virus BD related cirrhosis		
D6 : Virus BC related cirrhosis	D8 : Virus related cirrhosis - Other viruses (specify)	

Cancers

E1 : Hepatocellular carcinoma and cirrhosis	E3 : Hepatocellular carcinoma - Fibrolamellar	E5 : Hepatic cholangiocellular carcinoma
E2 : Hepatocellular carcinoma and non cirrhotic liver	E4 : Biliary tract carcinoma (Klatskin)	E6 : Hepatoblastoma

E7 : Epithelioid hemangioendothelioma <i>Secondary liver tumors</i>	E8 : Angiosarcoma	E14 : Other liver malignancies specify
E9 : -Carcinoid	E11 : Colorectal	E13 : Non gastrointestinal
E10 : Other neuroendocrine <i>Metabolic diseases</i>	E12 : GI non colorectal	
F1 : Wilson disease	F6 : Tyrosinemia	F10 : Other porphyria
F2 : Hemochromatosis	F7 : Familial amyloidotic polyneuropathy	F11 : Crigler-Najjar
F3 : Alpha-1 - Antitrypsin deficiency	F8 : Primary hyperoxaluria	F12 : Cystic fibrosis
F4 : Glycogen storage disease	F9 : Protoporphyrria	F13 : Byler disease
F5 : Homozygous Hypercholesterolemia	F91: NASH	F14 : Others

G : Budd Chiari

Benign liver tumors or Polycystic disease

H1 : Hepatic adenoma	H4 : Focal nodular hyperplasia	H6 : Nodular regenerative hyperplasia
H2 : Adenomatosis	H5 : Polycystic disease	H7 : Other benign tumors specif
H3 : Hemangioma <i>Parasitic disease</i>		
I1 : Schistosomia (Bilharzia)	I3 : Cystic hydatidosis	
I2 : Alveolar echinococcosis	I4 : Others specify	

Other liver diseases

J1 : Human immunodeficiency virus (HIV)	K : Not available
L : Total Parenteral Nutrition (TPN)-induced cholestasis	M : Hepatopulmonary syndrome
N : Microangiopathy	O : Small for size syndrome
J : Other liver disease (Specify): _____	

In case of a Hepatocellular Carcinoma

Number of nodules(pathology data): _____ [1 to >10]	Maximun size(pathology data): _____ (mm)
Vascular invasion (pathology data): None <input type="checkbox"/>	Microvascular <input type="checkbox"/> Macrovascular <input type="checkbox"/>
Portal thrombosis(pathology data): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Time of diagnosis: Before LT <input type="checkbox"/> After LT (Pathology report) <input type="checkbox"/>	
Non-tumoral Liver status: Cirrhosis (Metavir F4) <input type="checkbox"/> Fibrosis (Metavir F1-F3) <input type="checkbox"/> Normal liver (Metavir F0) <input type="checkbox"/>	
PreLT treatment: None <input type="checkbox"/> Chemoembolization (TACE) <input type="checkbox"/> Resection <input type="checkbox"/> Radiofrequency <input type="checkbox"/>	
Alcohol <input type="checkbox"/>	Cryotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/>

Date of transplantation: _____

Urgency: Yes ☐ No ☐

UNOS status: 1 : Intensive care unit-bound ☐

2 : Continuous hospitalization ☐

3 : Continuous medical care ☐

4 : At home with normal function ☐

Technique of transplantation

Type of Donor: Cadaveric heart beating ☐ Cadaveric non heart beating ☐ Living ☐ Domino ☐

Type of graft (1): Full size ☐ Reduced ☐ Split liver Split "in situ" ☐

Split "ex situ" ☐ Living donor ☐

Type of graft (2): Left lobe (Segment 2+3) ☐ Left liver (Segment 2+3+4) ☐ Right liver (Segment 5+6+7+8) ☐

By pass: Extracorporeal by pass ☐ lateral clamping of the vena cava ☐ Neither EC nor VP ☐

Type of LT (1): Orthotopic ☐ Heterotopic ☐

Type of LT (2): Auxiliary ☐ Non auxiliary ☐

Total ischemic time: _____ (min)

Associated transplantation: Yes ☐ No ☐

If yes, specify: Kidney ☐ Lung ☐ Small bowel ☐ Bone marrow ☐
Heart ☐ Pancreas ☐ Langerhans islet ☐ Clusters ☐
Others ☐

1st month after LT immunosuppressive therapy

Ciclosporin Oral ☐

Ciclosporin IV ☐

Azathioprine ☐

Simulect ☐

Rapamune ☐

Zenapax ☐

Neoral ☐

Mycophenolate ☐

Tacrolimus ☐

Certican ☐

Campath-1 ☐

FTY ☐

Steroids ☐

OKT3 ☐

ALS ATG ☐

MNA (FK778) ☐

Sirolimus I ☐

Others, specify: _____

Recipient follow-up

Outcome: Alive ☐ Retransplanted ☐ Dead ☐

Outcome date: _____

Graft status: Died with functioning graft ☐ Died with chronic dysfunctioning graft ☐

Cause of death or graft failure: Cause 1: _____ Cause 2: _____ Cause 3: _____

A1 : Intraoperative death (death on table)

Infection

B1 : Bacterial infection B3 : HIV B5 : Parasitic infection
B2 : Viral infection B4 : Fungal infection B6 : Other known infect specify

Liver complications

C1 : Acute rejection C42 : Outflow impairment C7 : Anastomotic biliary complic
C2 : Chronic rejection C5 : Primary N-function (Retx or death ≤ 7 d) C8 : Non anastomotic biliary complic
C3 : Arterial thrombosis C6 : Primary dysfunction (Retx or death > 7d)
C4 : Hepatic vein thrombosis C61 : Small for size syndrome
C41 : Early portal vein thrombosis

Recurrence of original disease

C9 : Virus B C12 : Alcoholic C15 : Autoimmune
C10 : Virus C C13 : PBC C16 : Budd Chiari
C11 : Virus D C14 : PSC C17 : Other non tumoral specify: _____

Hepatitis « de novo »

C18 : Virus B C19 : Virus c C20 : Virus D

Other liver failure

C21 : Massive hemorrhagic necrosis C22 : Other viral hepatitis C24 : Other specify: _____
C23 : Liver infection

Gastrointestinal complication

D1 : GI haemorrhage D3 : Visceral perforation
D2 : Pancreatitis D4 : Other specify

Cardiovascular complication

E1 : Myocardial infarction E2 : Other cause specify

Cerebrovascular complication

F1 : Intracranial haemorrhage

F3 : Cerebral oedema

F2 : Ischemic stroke

F4 : Cerebral infection

Tumor

G1 : Recurrence of original tumor

G3 : De novo solid organ tumor, specify:

G5 : Lympho proliferation disease

G2 : Recurrence of previously unrelated tumor
Renal complication

G4 : Donor transmitted tumor

H1 : Kidney failure

H2 : Urinary tract infection

Pulmonary complication

I1 : Embolism

I2 : Infection

Social complication

J1 : Non compliance immunosup therapy

J2 : Suicide

J3 : Trauma (Motor, Vehicle,...)

Other complication

K1 : Bone marrow depression

N1 : Neurological complication, specify: _____

L1 : Other cause specify: _____

M1 : Not available

Immunosuppressive therapy follow-up

Did any change of immunosuppressive therapy occur during the last 6-months period? Yes ☐ No ☐

Reason of change: Acute Rejection ☐ Chronic Rejection ☐ Intolerance ☐
Chronic renal failure ☐ Treated diabetes ☐ Treated AHT ☐
Treated hyperlipidemia ☐ Neurological complications ☐ Infection ☐
Recurrence of initial disease ☐ Viral hepatitis ☐ Recurrent cancer ☐
De novo cancer ☐ Autoimmune hepatitis ☐

Date of Change: _____

Current immunosuppression: Sandimun oral ☐ Steroids oral ☐ Azathioprine ☐
Simulect ☐ Rapamune ☐ Zenapax ☐
Neoral ☐ Mycophenolate ☐ Tacrolimus ☐
Certican ☐ Campath-1 ☐ FTY ☐
Steroids IV ☐ OKT3 ☐ ALS ATG ☐
MNA (FK778) ☐ Sirolimus I ☐ Others, specify: _____