

Domino/Sequential Transplantation (DLTX)

FORM 1 – INITIAL REPORT (Please use one page for each patient)

Name and location of Tx center: _____		Register use only
Date of report ____ ____ ____ D M Y		FAPWTR: M <input type="checkbox"/>
Contact person & title: _____		Pat key: A <input type="checkbox"/> DRnr:
DONOR	RECIPIENT	
Donor: FAP <input type="checkbox"/> Other: _____ Pat id ____ ____ ____ ____ ____ ____ (Given name) (Family name) first letters first letters Born ____ ____ ____ Male <input type="checkbox"/> D M Y Female <input type="checkbox"/> Date of LTX ____ ____ ____ D M Y Hospital: _____ City: _____ Country: _____	Pat id ____ ____ ____ ____ ____ ____ (Given name) (Family name) first letters first letters Born ____ ____ ____ Male <input type="checkbox"/> D M Y Female <input type="checkbox"/> Race: _____ Nationality: _____ Date of DLTX ____ ____ ____ D M Y MBMI: Height _____ m Weight _____ kg Serum albumin: _____ units (Ref.value: _____)	
Donor liver sent to other transplantation center? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: Hospital: _____ _____ City: _____ Country: _____ Contact person: _____ _____	INDICATION FOR DLTX: 	