Please fax or mail to: FAP-World Transplant Register, Department of Transplantation Surgery F82, Karolinska University Hospital Huddinge, S-141 86 Stockholm, Sweden. Fax nr +46 8 774 31 91 **E-mail: fapwtr@fapwtr.org Web site: www.fapwtr.org**

Guidelines
- Liver retransplantation
- Transplantation or retransplantation of kidney or heart
- Patient death
- Patient lost to follow-up
- YEARLY FOLLOW-UP

Liver Transplantation for FAP – world register

FORM 2 – UPDATE

(Please use one page for each patient)

Name and location of tx center:_____

Date of report ___ ___ ___
D M Y

Contact person & title:_____

Register use only

FAPWTR: M ☐

Pat key: A ☐

Pat.id.

Pat id ___ ___ ___ ___ ___ ___ Born ___ ___ ___ or Age:_____ Male ☐
(Given name) first letters (Family name) first letters D M Y Female ☐

Race:_____ Nationality:_____

Liver tx

Date of LTX ___ ___ ___
D M Y

Retransplantation

Re- LTX (1): Yes ☐ No ☐ Date: ___ ___ ___ Cause of re-LTX (1):_____
D M Y

Re-LTX (2): Yes ☐ No ☐ Date: ___ ___ ___ Cause of re-LTX (2):_____
D M Y

Renal tx: Yes ☐ No ☐ Date: ___ ___ ___ Cardiac tx: Yes ☐ No ☐ Date ___ ___ ___
D M Y D M Y

Renal retx: Yes ☐ No ☐ Date: ___ ___ ___ Cardiac retx: Yes ☐ No ☐ Date ___ ___ ___
D M Y D M Y

MBMI Death

Alive? Yes ☐ No ☐ Date of death ___ ___ ___ Cause of death:_____
D M Y

Body weight:_____kg Height:_____m Serum albumin:_____units (Ref. value:_____)

Clinical manifestations post LTX

CLINICAL **CONDITION** COMPARED TO PRE-TRANSPLANT

	Improved	Unchanged	Progressed
PERIPHERAL NEUROPATHY			
* sensory……..	☐	☐	☐
* motor…….	☐	☐	☐
AUTONOMIC NEUROPATHY			
* digestive……..	☐	☐	☐
* urinary…….	☐	☐	☐
* sexual dysfunction……..	☐	☐	☐
* cardiovascular…….	☐	☐	☐

	Improved	Unchanged	Progressed
EXTRANEUROLOGIC AMYLOIDOSIS			
* renal……	☐	☐	☐
* ocular……..	☐	☐	☐
* cardiac……	☐	☐	☐
NUTRITION…….....	☐	☐	☐
PSYCHIATRIC DISTURBANCES……..	☐	☐	☐