

Domino/Sequential Transplantation (DLTX) – world register

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

Date of report: <u> </u> <u> </u> <u> </u> D M Y	Register use only FAPWTR: Pat key:
Name and location of TX center: _____ Contact person & Title: _____	
DONOR	RECIPIENT
Donor: FAP <input type="checkbox"/> Other: _____ Pharmacotherapy for FAP used in FAP donor: Yes <input type="checkbox"/> No <input type="checkbox"/> Pat ID <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> (Given name) (Family name) first letters first letters Born <u> </u> <u> </u> <u> </u> Male <input type="checkbox"/> Female <input type="checkbox"/> D M Y Date of LTX <u> </u> <u> </u> <u> </u> D M Y Hospital: _____ City: _____ Country: _____	Pat ID <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> (Given name) (Family name) first letters first letters Born <u> </u> <u> </u> <u> </u> Male <input type="checkbox"/> Female <input type="checkbox"/> D M Y Nationality _____ Date of Domino LTX <u> </u> <u> </u> <u> </u> D M Y MBMI: Height _____ m Weight _____ kg Serum albumin _____ units (Albumin 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