

NATIONAL TRANSPLANT REGISTRY (NTR) LIVER TRANSPLANT AD HOC EVENT FORM

For Office Use only:

ID: /

Centre:

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only.

i. Name of reporting centre: *	ii. Date of Notification : (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii. Name of transplant centre: *	iv. Date of Transplant : * (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
v. Place of transplant centre:	<input type="radio"/> Local <input type="radio"/> China <input type="radio"/> India <input type="radio"/> Australia <input type="radio"/> USA <input type="radio"/> Singapore <input type="radio"/> UK <input type="radio"/> Others, specify: _____				
vi. Date:	<input type="radio"/> Date of discharge <input type="radio"/> Date of death → <input type="text"/> / <input type="text"/> / <input type="text"/>			vii. Graft Number:	

SECTION 1 : RECIPIENT DETAILS

1. Name : * (Please print in capital letters)	<input style="width: 100%;" type="text"/>							
2. R/N No.:	<input style="width: 100%;" type="text"/>							
3. NRIC : *	MyKad:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Old IC:	<input type="text"/>
	Other ID document No:	<input style="width: 100%;" type="text"/>						
	Specify document type (if others):	<input type="radio"/> Registration number <input type="radio"/> Mother's I/C <input type="radio"/> Armed Force ID <input type="radio"/> Date of Birth <input type="radio"/> Passport <input type="radio"/> Father's I/C <input type="radio"/> Work Permit # <input type="radio"/> Lab number <input type="radio"/> Others						
<12 years: Birth cert # :	<input type="text"/>	I/C Guardian:	Mother / Father	<input type="text"/>	Sibling ranking: <input type="text"/>			

SECTION 2 : OUTCOME DATA

1. Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (Date of outcome / date of death / date of last follow up)
2. Outcome:	<input type="radio"/> Alive with functioning graft / tissue <input type="radio"/> Lost to follow-up <input type="radio"/> Moved to another centre, name of new centre: → <input style="width: 100%; border: 1px dashed black;" type="text"/> <div style="border: 1px dashed black; padding: 5px;"> <input type="radio"/> Retransplant → Specify cause: <input type="radio"/> Graft failure <input type="radio"/> Transplant-related death <input type="radio"/> Intraoperative death <input type="radio"/> Death due to other causes </div>