

NATIONAL TRANSPLANT REGISTRY (NTR) LIVER TRANSPLANT NOTIFICATION FORM

For Office Use only:
 ID: /
 Centre:

Instruction: Complete this form to notify all transplant patients in your centre to National Transplant Registry. Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only. NA refers to Not Applicable. Fill in the date with dd/mm/yy format.

i. Name of reporting centre: *	ii. Date of Notification : (dd/mm/yyyy) <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"/>	
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: <input type="text"/>

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 style="width: 100%;" type="text"/> I/C Guardian: Mother / Father <input style="width: 100%;" type="text"/> Sibling ranking: <input type="text"/>		
4. Address:	Postcode: <input type="text"/> Town / City: <input style="width: 100%;" type="text"/>		
	State : <input type="radio"/> Johor Darul Takzim <input type="radio"/> Pahang Darul Makmur <input type="radio"/> Sarawak <input type="radio"/> Wilayah Persekutuan Labuan, Sabah <input type="radio"/> Kedah Darul Aman <input type="radio"/> Perak Darul Ridzuan <input type="radio"/> Selangor Darul Ehsan <input type="radio"/> Wilayah Persekutuan Putrajaya <input type="radio"/> Kelantan Darul Naim <input type="radio"/> Perlis Indera Kayangan <input type="radio"/> Terengganu Darul Iman <input type="radio"/> Wilayah Persekutuan Kuala Lumpur <input type="radio"/> Melaka <input type="radio"/> Pulau Pinang <input type="radio"/> Negeri Sembilan Darul Khusus <input type="radio"/> Sabah <input type="radio"/> Not applicable - Foreign		
	Home: <input style="width: 100%;" type="text"/> Handphone: <input style="width: 100%;" type="text"/> Work: <input style="width: 100%;" type="text"/> Ext: <input style="width: 100%;" type="text"/>		
6. Date of Birth: * (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Estimated / presumed year (autofill if MyKad is available)	7. Age: (autocalculate) <input type="text"/>	8. Gender: * <input type="radio"/> Male <input type="radio"/> Female
<small>If the exact date is not known, please enter 01/07/yyyy & check the estimated/presumed year box</small>			
9. a) Weight: (kg)	<input style="width: 100%;" type="text"/>	9. b) Height (cm)	<input style="width: 100%;" type="text"/>
10. Ethnic group: *	<input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Bumiputra Sarawak, specify: _____ <input type="radio"/> Chinese <input type="radio"/> Bumiputra Sabah, specify: _____ <input type="radio"/> Others, specify: _____		
11. Primary liver disease(s): *	<input type="checkbox"/> Biliary atresia <input type="checkbox"/> Primary sclerosing cholangitis <input type="checkbox"/> Malignancies, specify: _____ <input type="checkbox"/> Metabolic liver disease, specify: _____ <input type="checkbox"/> Autoimmune hepatitis <input type="checkbox"/> Acute liver failure, specify cause: _____ <input type="checkbox"/> Cholestatic liver disease, specify: _____ <input type="checkbox"/> Chronic hepatitis B <input type="checkbox"/> Idiopathic/Cryptogenic <input type="checkbox"/> Primary biliary cirrhosis <input type="checkbox"/> Chronic hepatitis C <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Alcoholic liver disease		
	<input type="checkbox"/> a. Recurrent encephalopathy <input type="checkbox"/> f. Malignancy <input type="checkbox"/> Unknown <input type="checkbox"/> b. Uncontrolled bleeding varices <input type="checkbox"/> g. Unacceptable quality of life <input type="checkbox"/> c. Intractable ascites <input type="checkbox"/> h. Failure to thrive and growth retardation in paediatric patients <input type="checkbox"/> d. Spontaneous bacterial peritonitis <input type="checkbox"/> i. Others, specify: _____ <input type="checkbox"/> e. Poor liver function		
12. Indication for transplantation: *			
13. Current Immuno-suppressive drug(s) treatment: *	<input type="checkbox"/> a. Steroids <input type="checkbox"/> e. Mycophenolate Mofetil (MMF) <input type="checkbox"/> i. Others, specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> b. Azathioprine <input type="checkbox"/> f. Rapamycin <input type="checkbox"/> c. Cyclosporin A <input type="checkbox"/> g. Monoclonal / Polyclonal antibodies <input type="checkbox"/> d. Tacrolimus (FK506) <input type="checkbox"/> h. Anti IL2R Antibodies		
	<input style="width: 100%; height: 40px;" type="text"/>		

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SECTION 2 : DONOR DETAILS

1. Age:	<input type="text"/>	2. Gender:	<input type="radio"/> Male <input type="radio"/> Female	3. a) Weight: (kg)		3. b) Height: (cm)	
4. Ethnic group:	<input type="radio"/> Malay <input type="radio"/> Indian <input type="radio"/> Chinese <input type="radio"/> Bumiputra Sabah, specify: _____		<input type="radio"/> Bumiputra Sarawak, specify: _____ <input type="radio"/> Others, specify: _____				
5. Type of donor:	<input type="radio"/> Cadaveric <div style="margin-left: 20px;"> <input type="radio"/> Brain Death <input type="radio"/> Non-heart Beating </div> <div style="margin-left: 20px;"> Preop Inotropes: <input type="radio"/> Yes <input type="radio"/> No </div> <div style="margin-left: 20px;"> i. Cause of death: <input type="radio"/> Head injury <input type="radio"/> CVA <input type="radio"/> Others: _____ </div> <div style="margin-left: 20px;"> ii. Date of death: (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> </div> <div style="margin-left: 20px;"> iii. Time of death: <input type="text"/> : <input type="text"/> (24 hours) </div> <div style="margin-left: 20px;"> iv. Date of procurement <input type="text"/> / <input type="text"/> / <input type="text"/> </div> <div style="margin-left: 20px;"> v. Time of procurement <input type="text"/> : <input type="text"/> (24 hours) </div> <div style="margin-left: 20px;"> vi. Procurement centre: _____ </div>			OR <input type="radio"/> Living donor <div style="margin-left: 20px;"> <input type="radio"/> Related <input type="radio"/> Unrelated </div> <div style="margin-left: 20px;"> <input type="radio"/> Genetically related <input type="radio"/> Emotional </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Monozygotic twin <input type="radio"/> Dizygotic twin <input type="radio"/> Other specify: _____ </div> <div style="width: 45%;"> <input type="radio"/> Wife <input type="radio"/> Husband <input type="radio"/> Other, specify: <input style="width: 100px; height: 40px;" type="text"/> </div> </div>			

SECTION 3 : RECIPIENT - DONOR MATCH DATA

	Recipient					Donor				
	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> AB	<input type="radio"/> O	<input type="radio"/> NA	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> AB	<input type="radio"/> O	<input type="radio"/> NA
1. ABO Blood Group										
2. Virology	<u>Positive</u>	<u>Negative</u>	<u>Not Done</u>	<u>NA</u>		<u>Positive</u>	<u>Negative</u>	<u>Not Done</u>	<u>NA</u>	
HIV Screening (Anti HIV I / II)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CMV IgG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Hep B	HBsAg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Anti HBs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Anti HBc (IgG)(total)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	HBeAg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	HBV DNA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hep C Anti HCV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EBV IgG	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RPR-VDRL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 4 : TRANSPLANT SURGERY DATA

1 a) Organ grafted	<input type="radio"/> Whole <input type="radio"/> Reduced <input type="radio"/> Split <input type="radio"/> Auxiliary → <input type="radio"/> Right lobe <input type="radio"/> Left lobe <input type="radio"/> Left lobe extended								
1 b) Weight of liver graft (g):									
2. Duration of Surgery:	i. Donor			<input type="text"/> : <input type="text"/> (24 hours)		ii. Recipient		<input type="text"/> : <input type="text"/> (24 hours)	

SECTION 5 : COMPLICATIONS

1. Complications:	<input type="checkbox"/> None <input type="checkbox"/> a. Hepatic artery thrombosis <input type="checkbox"/> b. Portal vein thrombosis <input type="checkbox"/> c. IVC/hepatic vein occlusion <input type="checkbox"/> d. Haemorrhage requiring reoperation <input type="checkbox"/> e. CMV infection			<input type="checkbox"/> f. Fungal infection <input type="checkbox"/> g. Post operative sepsis confirmed? <div style="border: 1px dashed black; padding: 2px;"> <input type="checkbox"/> i. Sputum <input type="checkbox"/> iv. Ascites/Drain fluid <input type="checkbox"/> ii. Blood <input type="checkbox"/> v. Wound <input type="checkbox"/> iii. Urine <input type="checkbox"/> vi. Other </div>			<input type="checkbox"/> h. Biliary tract leaks <input type="checkbox"/> i. Biliary tract stricture requiring intervention <input type="checkbox"/> j. Graft rejection <input type="checkbox"/> k. Others, specify: _____		
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SECTION 6 : OUTCOME DATA

1. Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (Date of outcome / date of death / date of last follow up)					ADD
2. Outcome:	<input type="radio"/> Alive with functioning graft / tissue <input type="radio"/> Moved to another centre, name of new centre: _____		<input type="radio"/> Retransplant <input type="radio"/> Intraoperative death <input type="radio"/> Graft failure <input type="radio"/> Death due to other causes <input type="radio"/> Transplant-related death			Specify cause: _____
	<input type="radio"/> Lost to follow-up					