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Site Code

Accrual #

Initials

Pre-Transplant Diagnosis: _____

Liver Graft Type: (select only one)

- Whole Liver
- Right Lobe
- Left Lobe
- Left Lateral Segment

Clinical/Laboratory Findings:

Blood Pressure: mmHg Systolic / mmHg Diastolic

AST: U/L

ALT: U/L

GGT: U/L

Bilirubin: Total: mg/dL μmol/L

mg/dL μmol/L Direct

INR: .

PLT: 10³/L

mg/dL μmol/L Creat: .

Biopsies:

Number of Biopsies Performed: **Note: complete a biopsy report for EACH biopsy**

LIVER Enrollment Information **ISOrTT Registry**

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performed.