

**LIVER TRANSPLANTATION APPLICATION FORM** page 1

NAME : \_\_\_\_\_ SEX : \_\_\_\_\_

DOB : \_\_\_\_\_ TEL : \_\_\_\_\_

ADDRESS : \_\_\_\_\_

HEIGHT : \_\_\_\_\_ cm WEIGHT : \_\_\_\_\_ Kg

BLOOD TYPE : \_\_\_\_\_ RH : ( ) POS ( ) NEG

KIDNEY DIALYSIS (IF ANY) : ( ) HEMODIALYSIS ( ) CAPD \_\_\_\_\_ TIMES A WEEK, EVERY \_\_\_\_\_

( ) DIABETES ( ) GASTRIC ULCER ( ) HYPERTENSIVE \_\_\_\_\_ mmHg in systolic

( ) PRESCRIPTION \_\_\_\_\_

( ) HEPATITIS B ( ) URINARY \_\_\_\_\_ m/day

( ) SURGERY BEFORE \_\_\_\_\_

**HLA Typing****SEROLOGIC TEST**

HLA-A: \_\_\_\_\_ HbsAg: \_\_\_\_\_

HLA-B: \_\_\_\_\_ Anti-HBs: \_\_\_\_\_

HLA-C: \_\_\_\_\_ Anti-HBc: \_\_\_\_\_

HLA-DR: \_\_\_\_\_ Anti-HCV: \_\_\_\_\_

HLA-DQ: \_\_\_\_\_ Anti-HIV: \_\_\_\_\_

PRA: \_\_\_\_\_ VDRL: \_\_\_\_\_

CMV-IgG: \_\_\_\_\_ CMV-IgM: \_\_\_\_\_

PP65: \_\_\_\_\_ HSV I, II: \_\_\_\_\_

Anti-HBe: \_\_\_\_\_

**Complete Blood Count (CBP)**

White Blood Cell Count : \_\_\_\_\_

Red Blood Cell Count : \_\_\_\_\_ Hemoglobin : \_\_\_\_\_

Platelet Count : \_\_\_\_\_

**URINE ROUTINE**

SG : \_\_\_\_\_ PH : \_\_\_\_\_ LEU : \_\_\_\_\_

NIT : \_\_\_\_\_ PRO : \_\_\_\_\_ GLU : \_\_\_\_\_

KET : \_\_\_\_\_ UBG : \_\_\_\_\_ BIL : \_\_\_\_\_

ERY : \_\_\_\_\_ VitC : \_\_\_\_\_

**LIVER INDEX**

ALT : \_\_\_\_\_ AST : \_\_\_\_\_ GGT : \_\_\_\_\_

AKP : \_\_\_\_\_ Total BIL. : \_\_\_\_\_ DIRECE BIL. : \_\_\_\_\_

BILE ACID : \_\_\_\_\_ ALBUMIN : \_\_\_\_\_ PRE-ALBUMIN : \_\_\_\_\_

**DIC**

APTT : \_\_\_\_\_ PT : \_\_\_\_\_ TT : \_\_\_\_\_

Fg : \_\_\_\_\_

Reason for Liver Transplantation : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Precaution For Surgery : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's Current Condition : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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