

Appendix 2: Transplant Assessment Proforma

DIAGNOSIS				
CO-MORBIDITY				
BLOOD TESTS: (*within 1 month of referral)				
Blood Group		BMI		kg/m ²
MELD	UKELD	C-P		*GFR mls/min
*Bil umol/L	*Alb g/L	*ALP IU/L	*ALT U/L	
*PT secs	*Hb g/L	*PLT x10 ⁹ /L	*WBC x10 ⁹ /L	
*Creat umol/L	*Urea mmol/L	*Na ⁺ mmol/L	*K ⁺ mmol/L	
Ferritin ug/L	B12 ng/L	Folate ug/L		
ANA	AMA	SMA		
HBV	HCV	HIV		CMV
Glucose mmol/L	tTG	AFP kU/L	A1AT	
IgM g/L	IgA g/L	IgG g/L		
TSH mu/L		MRSA		
*PaO ₂ (FiO ₂ %)	kPa	*PaCO ₂		kPa
CARDIORESPIRATORY etc:				
FEV1 L	FVC L	FEV1/FVC		
Echocardiogram: (date / /)				
ECG: (date / /)		CXR: (date / /)		
CPEX: (date / /)				
IMAGING:				
USS Liver: (date / /) Portal vein Patent Y/N, Ascites Y/N, HCC Y/N				
MRI: (date / /)				
CT: (date / /)				
GASTROSCOPY: (date / /)				
DIETICIAN:				
Notes:				
Handgrip kg	MAMC cm	RFS		
DRUG HISTORY:		ALCOHOL/ADDICTION		SOCIAL SUPPORT etc:
NOTES:				

**Colonoscopy within 12 months if PSC