

## Appendix 2: Transplant Assessment Proforma

<b>DIAGNOSIS</b>				
<b>CO-MORBIDITY</b>				
<b>BLOOD TESTS: (*within 1 month of referral)</b>				
Blood Group		BMI		kg/m <sup>2</sup>
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 <sup>9</sup> /L	*WBC x10 <sup>9</sup> /L	
*Creat umol/L	*Urea mmol/L	*Na <sup>+</sup> mmol/L	*K <sup>+</sup> 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 <sub>2</sub> (FiO <sub>2</sub> %)		kPa	*PaCO <sub>2</sub> kPa	
<b>CARDIORESPIRATORY etc:</b>				
FEV1	L	FVC	L	FEV1/FVC
Echocardiogram: (date / / )				
ECG: (date / / )			CXR: (date / / )	
CPEX: (date / / )				
<b>IMAGING:</b>				
USS Liver: (date / / ) Portal vein Patent Y/N, Ascites Y/N, HCC Y/N				
MRI: (date / / )				
CT: (date / / )				
<b>GASTROSCOPY:</b> (date / / )				
<b>DIETICIAN:</b>				
Notes:				
Handgrip	kg	MAMC	cm	RFS
<b>DRUG HISTORY:</b>		<b>ALCOHOL/ADDICTION</b>		<b>SOCIAL SUPPORT etc:</b>
<b>NOTES:</b>				

\*\*Colonoscopy within 12 months if PSC