

**Liver Super Urgent Listing Proforma**

**Patient Details**

1. Hospital Name :
2. Recipient’s Name :
3. K-SOTTO Recipient Reg. No. :

*(If not registered please specify reason)*

1. Date of Birth :
2. Gender :
3. Contact No. :
4. Address :
5. Blood group & Rh :
6. Nationality :
7. Date & time of listing request :
8. Name of treating transplant consultant:

**Please complete the following** *(do not leave any question unanswered)*

1. Does the patient meet the Acute?

Liver Failure/ Re-transplant criteria

as per the K-SOTTO liver guidelines? : Yes / No

1. Please state the category under which

the patient meets the listing criteria :

**Please provide the following information**

1. Cause of liver failure :
2. Grade of encephalopathy :
3. Number of days from jaundice

to encephalopathy :

1. Re-transplant :
2. If re-transplant (*Date of transplant*) :
3. Prothrombin time : Test: Control:
4. INR :
5. Lactate :
6. Creatinine :
7. Bilirubin : Direct : Total :

1. AST/ALT :
2. Ventilator :
3. FiO2% (inspired oxygen) :
4. Arterial PH :
5. Inotropes :