

**REGISTRATION FORMS**  
**THE NORDIC LIVER TRANSPLANT REGISTRY**  
**29-Dec-2020**

**FORM A      ACCEPTANCE**

**Basic**

Scandia number: \_\_\_\_\_

Person number: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Weight: \_\_\_\_\_ kg

Height: \_\_\_\_\_ cm

Diabetes: \_\_\_\_\_ (1: Type 1/ 2: Type 2/ 3: Type 1+2/ N: No/ NA: NA/  
U: Unclassified)

***Events (at any time up to acceptance):***

Encephalopathy \_\_\_\_\_ (1: Grade 1/ 2: Grade 2/ 3: Grade/ 4: Grade 4/ 5: Yes,  
grade unknown/ N: No/ ND: Unknown)

Variceal bleeding \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

Ascites \_\_\_\_\_ (0: None/1: Controlled w. Medication/2: Refractory)

***Events at acceptance on waiting list (within +/- 2 weeks):***

In hospital \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)  
(except control)

Ventilator \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

**Previous malignancy**

Type \_\_\_\_\_ (LPD: Lymphoproliferative/ LT: Liver tumor/ ND:  
Unknown/ None: None/ OT: Other)

Year \_\_\_\_\_

Comments \_\_\_\_\_

**Diagnosis (see lists)**

Primary diagnosis \_\_\_\_\_

Secondary diagnosis \_\_\_\_\_

Re-transpl. diagnosis \_\_\_\_\_

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**FORM A cont.**

*At acceptance on waiting list (within +/- 2 weeks for non-acute patients, within a few days for acute patients)*

**Laboratory test**

Hemoglobin	_____	mmol/l	_____	g/l
Thrombocytes	_____	10 <sup>9</sup> /l		
Na (Sodium)	_____	mmol/l		
INR	_____			
ASAT	_____	μkat/l	_____	U/l
ALAT	_____	μkat/l	_____	U/l
Albumin	_____	μmol/l	_____	g/l
Bilirubin	_____	μmol/l		
Creatinine	_____	μmol/l		
Urea in plasma	_____	mmol/l		
GFR	_____	ml/min 1,73m <sup>2</sup>		
GFR method	_____	<u>CA</u> : Calculated, estimated/ <u>ME</u> : Measured)		
Dialysis	_____	(N: No/ ND: Unknown/Y: Yes)		
Alfa-1-foetoprotein	_____	μ/L	(if below 5, state 0)	
CA19-9	_____	U/mL		
CEA	_____	ng/ml		

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**FORM A cont.**

**Virology & bacteriology**

Anti-CMV \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Anti-SARS-CoV-2 \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive  
(Covid-19 antibody)

SARS-CoV-2 RNA \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive  
(Covid-19)

Anti-EBV IgG \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Anti-HBc \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Anti-HBs \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Hepatitis Bs antigen \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Anti-HCV \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Hepatitis C antigen \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Hepatitis Delta Virus \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Anti-HIV \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

HIV antigen \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Anti-HSV \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Syphilis antibody \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Anti-MV IgG \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Toxoplasma antibodies \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Varicella zoster virus \_\_\_\_\_ :- Negative/ ND: Not done/ ±: Positive

Hep C genotypes \_\_\_\_\_

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**FORM B cont.**

**Basic**

Scandia number:

Person number:

Surname:

First name:

Tx date/initial

reperfusion(porta or Date: \_\_\_\_\_ Time: \_\_\_\_\_  
artery)

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm

Encephalopathy \_\_\_\_\_ (1: Grade 1/ 2: Grade 2/ 3: Grade/ 4: Grade 4/ 5: Yes,  
grade unknown/ N: No/ ND: Unknown)

Ascites \_\_\_\_\_ (0: None/1: Controlled w. Medication/2:  
Refractory/ND: Not done)

Artificial liver support \_\_\_\_\_ (M: Mars/ N: No/P: Prometheus)

No. of treatments \_\_\_\_\_

Ventilator \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

Medical care status \_\_\_\_\_ (1: Intensive care unit-bound/ 2: Cont.  
(UNOS) hospitalization/ 3: Cont. medical care/ 4: At home  
with normal function/ 5: Not done/unknown)

**Laboratory test (obligatory for (i)MELD calculation)**

Hemoglobin \_\_\_\_\_ mmol/l \_\_\_\_\_ g/lg/100ml

Thrombocytes \_\_\_\_\_  $10^9/l$

INR \_\_\_\_\_

ASAT \_\_\_\_\_  $\mu\text{kat/l}$  \_\_\_\_\_ U/l

ALAT \_\_\_\_\_  $\mu\text{kat/l}$  \_\_\_\_\_ U/l

Albumin \_\_\_\_\_  $\mu\text{mol/l}$  \_\_\_\_\_ g/l

Na (Sodium) \_\_\_\_\_ mmol/l

Bilirubin \_\_\_\_\_  $\mu\text{mol/l}$

Creatinine \_\_\_\_\_  $\mu\text{mol/l}$

Urea in plasma \_\_\_\_\_ mmol/l

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**FORM B cont.**

Dialysis \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

**Pre & post pathology**

***Liver pre-pathology:***

Liver tumor diagnosed \_\_\_\_\_ (1: Before LT/ 2: After LT (at pathology)/ 3: No)

Cumulative pre-LT treatment \_\_\_\_\_ (NO: None/ CE: Chemoembolization (TACE)/ RE: Resection/ RF: Radiofrequency/ AL: Alcohol/ CR: Cryotherapy/ RT: Radiotherapy/ SO: Sorafenib/ RZ: Radioembolization/ OT: Other)

***Liver post-pathology:***

Non tumoral status \_\_\_\_\_ (1: Cirrhosis (Metavir F4)/ 2: Fibrosis (Metavir F1-F3)/ 3: Normal (Metavir F0))

Malign liver tumor diagnosed \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

Liver tumor type \_\_\_\_\_ (CC: Cholangio carcinoma/ HCC: Hepatocellular carcinoma/ OT: Other)

Portal Tumoral thrombosis \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

Liver tumor comments \_\_\_\_\_

Liver tumor number \_\_\_\_\_

Liver tumor diameter (largest) \_\_\_\_\_ mm

Extrahepatic growth \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

Vascular invasion \_\_\_\_\_ (0: No/ 1: Macro/ 2: Micro)

**Operation**

Graft weight \_\_\_\_\_ g

Macrovesicular steatosis \_\_\_\_\_ (1: none/ 2: mild/ 3: moderate (30%-60%)/ 4: severe (>60%)/ N: N/A)

Microvesic steatosis \_\_\_\_\_ (1: none/ 2: mild/ 3: moderate (30%-60%)/ 4: severe (>60%)/ N: N/A)

Overall steatosis \_\_\_\_\_ (1: none/ 2: mild/ 3: moderate (30%-60%)/ 4: severe (>60%)/ N: N/A)

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Assessment of steatosis: \_\_\_\_\_ (V: Visual/ B: Biopsy/ O: Other/ U: Unknown)

Fibrosis: \_\_\_\_\_ (F0: no fibrosis/ F1: Portal, without septa/ F2: Portal, with few septa/ F3: Numerous septa without cirrhosis/ F4: Cirrhosis)

Complete reperfusion (porta and artery)      Date: \_\_\_\_\_ Time: \_\_\_\_\_

Cold ischemia time (DBD/DCD)      \_\_\_\_\_ hours \_\_\_\_\_ minutes

Functional warm ischemia time (DCD)      \_\_\_\_\_ hours \_\_\_\_\_ minutes

Biliary anastomosis      \_\_\_\_\_ (CC: Chol-cholstomy/ CD: Chol-Duod/ CJ: Chol-jejenostomy/ ND: Not Done / unknown)

By pass      \_\_\_\_\_ (1: Extracorporeal by pass/ 2: Lateral clamping of the vena cava /3: Neither EC nor VCP/ 4: No/ 5: Unknown)

Arterial reconstruction      \_\_\_\_\_ (N: None/ D: Donor/ R: Recipient/ NA: Not available)

Cava reconstruction      \_\_\_\_\_ (C: Conventional/ S: Side-to-side cavaplasty/ P: Piggy-back/O: Other/ NA: Not available)

**REGISTRATION FORMS**  
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**FORM B cont.**

***Immunosuppression (during first month)***

- ALG: Anti-lymphocyte globulin
- ASA: Acetic salicylic acid
- ATG: Anti-thymocyte globulin
- AZA: Azathioprin
- AZM: Azitomyacin
- BAS: Basiliximab
- BLI: Blinded drug
- CB: calcium channel blocker
- CSA: Cyclosporin-A
- DAC: Daclizumab
- EVE: Everolimus
- FK: Tacrolimus
- FOT: Fotopheres
- GAM: Gammaglobolin
- GLU: Glucocorticosteroids
- IL2: IL-2 block
- MFA: Mycophenolate acid
- MMF: Mycomophetil
- NON: None
- OKT: Anti-CD3 antibodies
- OTH: Other
- PLA: Plasmapheres
- RAP: Rapamycin
- SIR: Sirolimus
- STA: Statins
- TLI:TLI





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- |                                   |                          |       |   |
|-----------------------------------|--------------------------|-------|---|
| PH: Phlebitis                     | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| PT: Portal thrombosis             | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| RE: Respiratory                   | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| RJ: Rejection                     | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| RR: Reduced Renal Function        | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| SS: Small for size                | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| SY: Systemic                      | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| WI: Wound infection               | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |
| WR: Wound related (not infection) | <input type="checkbox"/> | _____ | (1: medical/ 2: interventional drainage/3: reop./ 4: other) |

**REGISTRATION FORMS**  
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**FORM C FOLLOW-UP**

*(Minimum use: 1, 3, 5, 10, 15, 20, 25, 30 years controls)*

**Basic**

Scandia number: \_\_\_\_\_ Person number: \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm

Follow-up date: \_\_\_\_\_

**Laboratory test**

INR \_\_\_\_\_

Albumin \_\_\_\_\_  $\mu\text{mol/l}$  \_\_\_\_\_ g/l

Bilirubin \_\_\_\_\_  $\mu\text{mol/l}$

Creatinine \_\_\_\_\_  $\mu\text{mol/l}$

GFR \_\_\_\_\_ ml/min  $1,73\text{m}^2$

GFR Method \_\_\_\_\_ (CA: Calculated / ME: Measured)

Dialysis \_\_\_\_\_ (N: No/ ND: Unknown/Y: Yes)

**REGISTRATION FORMS**  
**THE NORDIC LIVER TRANSPLANT REGISTRY**  
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**FORM C FOLLOW-UP cont.**

**Immunosuppression**

***Current Immunosuppression***

- ALG: Anti-lymphocyte globulin
- ASA: Acetic salicylic acid
- ATG: Anti-thymocyte globulin
- AZA: Azathioprin
- AZM: Azitromycin
- BAS: Basiliximab
- BLI: Blinded drug
- CB: calcium channel blocker
- CSA: Cyclosporin-A
- DAC: Daclizumab
- EVE: Everolimus
- FK: Tacrolimus
- FOT: Fotopheres
- GAM: Gammaglobolin
- GLU: Glucocorticosteroids
- IL2: IL-2 block
- MFA: Mycophenolate acid
- MMF: Mycomophetil
- NON: None
- OKT: Anti-CD3 antibodies
- OTH: Other
- PLA: Plasmapheres
- RAP: Rapamycin
- SIR: Sirolimus
- STA: Statins
- TLI:TLI

***Change in Immunosuppression?***

Reason for change \_\_\_\_\_ (1: acute rejection/ 2: chronic rejection/3: intolerances/ 4: chronic renal failure/ 5: treated diabetes/ 6: treated AHT/ 7: treated hyperlipidemia/ 8: neurological complication/ 9: infection/ 10: recurrence of initial disease/ 11: viral hepatitis/ 12: de novo cancer/ 13: recurrence cancer/ 14: autoimmune hepatitis/ 15: others)

Date of change \_\_\_\_\_

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**FORM C FOLLOW-UP cont.**

**Events (since last control)**

Acute rejections	_____	( <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
No of acute rejections	_____	
Recurrent disease	_____	( <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Portal vein thrombosis (total)	_____	( <u>DND</u> : Doppler not done/ <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
A. hepatica thrombosis (total)	_____	( <u>DND</u> : Doppler not done/ <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Biliary strictures (treated)	_____	( <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Liver tumor	_____	( <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Liver tumor comments	_____	
Extrahepatic malignancy	_____	( <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Extrahepatic malignancy comments	_____	
New onset diabetes (insulin)	_____	( <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
New onset renal failure	_____	( <u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Treatment renal failure	_____	( <u>DIA</u> : Dialysis/ <u>MTO</u> : Medical treatment/ <u>TX</u> : Transplantation)
Children (numbers)	_____	

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**FORM D DEAD**

Scandia number: \_\_\_\_\_ Person number: \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Date of death \_\_\_\_\_

**Death causes (see lists)**

Primary death cause \_\_\_\_\_

Secondary death \_\_\_\_\_

cause \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# REGISTRATION FORMS THE NORDIC LIVER TRANSPLANT REGISTRY

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## List of diagnosis codes for first transplantation (Form A):

A1	Acute hepatic failure	Fulminant or subfulminant hepatitis	Virus A
A2	Acute hepatic failure	Fulminant or subfulminant hepatitis	Virus B
A3	Acute hepatic failure	Fulminant or subfulminant hepatitis	Virus C
A4	Acute hepatic failure	Fulminant or subfulminant hepatitis	Virus D
A5	Acute hepatic failure	Fulminant or subfulminant hepatitis	Other known
A6	Acute hepatic failure	Fulminant or subfulminant hepatitis	Other unknown
A7	Acute hepatic failure	Fulminant or subfulminant hepatitis	Paracetamol
A8	Acute hepatic failure	Fulminant or subfulminant	Other drug related
A9	Acute hepatic failure	Fulminant or subfulminant	Toxic (non-drug)
A91	Acute hepatic failure	Fulminant or subfulminant	Heat shock
A10	Acute hepatic failure	Post-operative	
A11	Acute hepatic failure	Post traumatic	
A12	Acute hepatic failure	Other	
A13	Subacute hepatitis	Virus A	
A14	Subacute hepatitis	Virus B	
A15	Subacute hepatitis	Virus C	
A16	Subacute hepatitis	Virus D	
A17	Subacute hepatitis	Other known	
A18	Subacute hepatitis	Other unknown	
A19	Subacute hepatitis	Paracetamol	
A20	Subacute hepatitis	Other drug related	
A21	Subacute hepatitis	Toxic (non-drug)	
B1	Cholestatic disease	Secondary biliary cirrhosis	
B2	Cholestatic disease	Primary biliary cirrhosis	
B3	Cholestatic disease	Primary sclerosing cholangitis	
B4	Cholestatic disease	Others	
C1	Congenital biliary disease	Caroli disease	
C2	Congenital biliary disease	Extrahepatic biliary atresia	
C3	Congenital biliary disease	Congenital biliary fibrosis	
C4	Congenital biliary disease	Choledochal cyst	
C5	Congenital biliary disease	Alagille syndrome	
C6	Congenital biliary disease	Others	
D1	Cirrhosis	Alcoholic	
D2	Cirrhosis	Autoimmune	
D3	Cirrhosis	Virus B	
D4	Cirrhosis	Virus C	
D5	Cirrhosis	Virus BD	
D6	Cirrhosis	Virus BC	
D7	Cirrhosis	Virus BCD	
D71	Cirrhosis	Combined virus C and alcoholic cirrhosis	
D72	Cirrhosis	Combined virus B and alcoholic cirrhosis	
D73	Cirrhosis	Virus E related cirrhosis	
D8	Cirrhosis	Virus Other	
D9	Cirrhosis	Drug related	
D10	Cirrhosis	Other	
D11	Cirrhosis	Unknown cause	

**REGISTRATION FORMS**  
**THE NORDIC LIVER TRANSPLANT REGISTRY**  
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**List of diagnosis codes for first transplantation (Form A) – continued:**

E1	Cancers	Hepatocellular carcinoma and cirrhosis	
E2	Cancers	Hepatocellular carcinoma and non-cirrhotic liver	
E3	Cancers	Hepatocellular carcinoma - Fibrolamellar	
E4	Cancers	Biliary tract carcinoma (Klatskin)	
E5	Cancers	Hepatic cholangiocellular carcinoma	
E6	Cancers	Hepatoblastoma	
E7	Cancers	Epithelioid hemangioendotelioma	
E8	Cancers	Angiosarcoma	
E9	Cancers	Secondary liver tumors - Carcinoid	
E10	Cancers	Secondary liver tumors - Other neuroendocrine	
E11	Cancers	Secondary liver tumors - Colorectal	
E12	Cancers	Secondary liver tumors - GI non colorectal	
E13	Cancers	Secondary liver tumors - Non gastrointestinal	
E14	Cancers	Other liver malignancies	
F1	Metabolic diseases	Wilson	
F2	Metabolic diseases	Haemochromatosis	
F3	Metabolic diseases	Antitrypsin deficiency	
F4	Metabolic diseases	Glycogen storage disease	
F5	Metabolic diseases	Hypercholesterolemia	
F6	Metabolic diseases	Tyrosinemia	
F7	Metabolic diseases	Familial amyloidotic polyneuropathy	
F8	Metabolic diseases	Primary oxaluria	
F9	Metabolic diseases	Protoporphyrria	
F91	Metabolic diseases	NASH	
F10	Metabolic diseases	Other Porphyria	
F11	Metabolic diseases	Crigler-Najjar	
F12	Metabolic diseases	Cystic fibrosis	
F13	Metabolic diseases	Byler disease	
F14	Metabolic diseases	Others	
G	Budd-chiari		
H1	Benign liver tumors or polycystic disease	Hepatic adenoma	
H2	Benign liver tumors or polycystic disease	Adenomatosis	
H3	Benign liver tumors or polycystic disease	Hemangioma	
H4	Benign liver tumors or polycystic disease	Focal Nodular Hyperplasia	
H5	Benign liver tumors or polycystic disease	Polycystic disease	
H6	Benign liver tumors or polycystic disease	Nodular regenerative hyperplasia	
H7	Benign liver tumors or polycystic disease	Other benign tumor	
I1	Parasitic disease	Schistosomia	
I2	Parasitic disease	Alveolar echinococcosis	
I3	Parasitic disease	Cystic hydatidosis	
I4	Parasitic disease	Other	
J	Other liver disease		
K	Not available		
L	TPN-induced cholestasis		
M	Hepatopulmonary syndrome		
N	Microangiopathy		
O	Small for size syndrome		

**REGISTRATION FORMS**  
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**List of codes for death (Form D) or re-transplantation diagnosis (Form A):**

<b>A1</b>	Intraoperative (death on table)		
<b>B1</b>	Infection	Bacterial infection	
<b>B2</b>	Infection	Viral infection	
<b>B3</b>	Infection	HIV	
<b>B4</b>	Infection	Fungal infection	
<b>B5</b>	Infection	Parasitic infection	
<b>B6</b>	Infection	Other	
<b>C1</b>	Liver complications	Acute rejection	
<b>C2</b>	Liver complications	Chronic rejection	
<b>C3</b>	Liver complications	Arterial thrombosis	
<b>C4</b>	Liver complications	Hepatic vein thrombosis	
<b>C41</b>	Liver complications	Early portal vein thrombosis	
<b>C42</b>	Liver complications	Outflow impairment	
<b>C5</b>	Liver complications	Primary non-function ( $\leq 7$ days)	
<b>C6</b>	Liver complications	Primary dys-function ( $> 7$ days)	
<b>C61</b>	Liver complications	Small for size syndrome	
<b>C7</b>	Liver complications	Anastomotic biliary complication	
<b>C8</b>	Liver complications	Non-anastomotic biliary complication	
<b>C9</b>	Liver complications	Recurrence of original disease	Virus B
<b>C10</b>	Liver complications	Recurrence of original disease	Virus C
<b>C11</b>	Liver complications	Recurrence of original disease	Virus D
<b>C12</b>	Liver complications	Recurrence of original disease	Alcoholic
<b>C13</b>	Liver complications	Recurrence of original disease	PBC
<b>C14</b>	Liver complications	Recurrence of original disease	PSC
<b>C15</b>	Liver complications	Recurrence of original disease	Autoimmune
<b>C16</b>	Liver complications	Recurrence of original disease	Budd-Chiari
<b>C17</b>	Liver complications	Recurrence of original disease	Other
<b>C18</b>	Liver complications	De novo Virus B	
<b>C19</b>	Liver complications	De novo Virus C	
<b>C20</b>	Liver complications	De novo Virus D	
<b>C21</b>	Liver complications	Massive hemorrhagic necrosis	
<b>C22</b>	Liver complications	Other viral hepatitis	
<b>C23</b>	Liver complications	Infection	
<b>C24</b>	Liver complications	Other	
<b>D1</b>	Gastrointestinal complications	GI hemorrhage	
<b>D2</b>	Gastrointestinal complications	Pancreatitis	
<b>D3</b>	Gastrointestinal complications	Visceral perforation	
<b>D4</b>	Gastrointestinal complications	Other	
<b>E1</b>	Cardiovascular complications	Myocardial Infarction	
<b>E2</b>	Cardiovascular complications	Other	
<b>F1</b>	Cerebrovascular complications	Intracranial hemorrhage	
<b>F2</b>	Cerebrovascular complications	Ischaemic stroke	
<b>F3</b>	Cerebrovascular complications	Cerebral oedema	
<b>F4</b>	Cerebrovascular complications	Cerebral infarction	
<b>G1</b>	Tumor	Recurrence of original tumor	
<b>G2</b>	Tumor	Recurrence of previously unrelated tumor	
<b>G3</b>	Tumor	De novo solid organ tumor	
<b>G4</b>	Tumor	Donor transmitted tumor	
<b>G5</b>	Tumor	Lymphoproliferative disease	
<b>H1</b>	Renal failure		
<b>H2</b>	Urinary tract infection		
<b>I1</b>	Pulmonary complications	Embolism	
<b>I2</b>	Pulmonary complications	Infection	
<b>J1</b>	Social complications	Non compliance immunosuppression	
<b>J2</b>	Social complications	Suicide	
<b>J3</b>	Social complications	Trauma	
<b>K1</b>	Bone marrow depression		
<b>L1</b>	Other		
<b>M1</b>	Not available		
<b>N1</b>	Neurological complication		
<b>O1</b>	NLTR pre-transplant specific causes of death	Hepatic	hepatorenal syndrome
<b>O2</b>		Hepatic	ascending cholangitis
<b>O3</b>		Hepatic	hepatocellular carcinoma
<b>O4</b>		Hepatic	cholangiocarcinoma
<b>O5</b>		Hepatic	metastasis to liver
<b>O6</b>		Other	extrahepatic malignancy