

REGISTRATION FORMS
THE NORDIC LIVER TRANSPLANT REGISTRY
September – 2026

FORM A ACCEPTANCE

Basic

Scandianumber: _____

Person number: _____

Surname: _____

First name: _____

Body Weight: _____ kg

Height: _____ cm

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

Treated hypertension _____ (N: No/ U: Unknown/ Y: Yes)

Events (at any time up to acceptance date):

Encephalopathy _____ (1: Grade 1/ 2: Grade 2/ 3: Grade 3/ 4: Grade 4/ 5:
Yes, grade unknown/ N: No encephalopathy / ND:
Not done / unknown)

Variceal bleeding _____ (N: No/ ND: Not Done / unknown/ Y: Yes)

Ascites _____ (0: None/ 1: Controlled with medication/
2: Refractory (poorly controlled)/ ND: Not done)

Dialysis _____ (N: No/ ND: Not Done / unknown/ Y: Yes)

History of TIPS _____ (N: No/ U: Unknown/ Y: Yes)

Events at acceptance on waiting list:

Medical care status _____ (1: Intensive care unit-bound/ 2: Continuous
(UNOS) hospitalization/ 3: Continuous medical care/at
home/ 5: Not done/unknown)

Ventilator _____ (N: No/ ND: Not Done / unknown/ Y: Yes)

Previous malignancy

Type _____ (LPD: Lymphoproliferative/ LT: Liver tumor
(hepatocell carc, cholangiocarci, hepatoblasto.)/
ND: Not Done / unknown/ None: None/ OT: Other)

Year _____

Comments _____

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Diagnosis (see lists)

Primary diagnosis _____

Secondary diagnosis _____

Cause of
retransplantation _____

Laboratory test

Hemoglobin _____ mmol/l _____ g/l

Thrombocytes _____ *10⁹/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 1,73m²

GFR method _____ (CA: Calculated/estimated/ ME: Measured)

Alfa-1-foetoprotein (µg/l) _____ µg/L

Alfa-1-foetoprotein (10³ IU/l) _____ 10³ IU/l

CA19-9 _____ U/mL

CEA _____ ng/ml

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Infection tests

CMV: Anti-CMV (Cytomegalovirus)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
CovAb: Anti-SARS-CoV-2 (Covid-19 antibody)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
Covid: SARS-CoV-2 PCR (Covid-19 RNA)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
EBV: Anti-EBV IgG (Epstein-Barr)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
FLU: Influenza PCR	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HBc: Anti-HBc (antibody)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HBsAb: Anti-HBs (antibody)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HBsAg: HBsAg (antigen)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HBVNAT: HBV Nucleic Acid Test	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HCV: Anti-HCV (antibody)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HCVAg: Hepatitis C antigen (RNA)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HCVNAT: HCV Nucleic Acid Test	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HDV: Hepatitis Delta Virus (antibody)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HDVNAT: HDV Nucleic Acid Test	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)
HIVab: Anti-HIV (antibody)	_____	(-: Negative/ ±: Positive/ ? : Doubtful/ <u>ND</u> : Not done)

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HIVag: HIV antigen _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

HIVNAT: HIV Nucleic Acid Test _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

HSV: Anti-HSV 1/2 (antibody) _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

HTLV: Anti-HTLV-I/II _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

IGRA: Tuberculosis (interferon-gamma release-assay (IGRA)) _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

LUES: Anti-Treponema pallidum (Syphilis antibody) _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

MV: Anti-MV IgG (Morbilli virus antibody) _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

PM: Plasmodium malariae PCR/LAMP _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

RSV: RSV PCR _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

StroAb: Anti-Strongyloides IgG _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

TC: Anti-Trypanosoma cruzi (Chagas disease) _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

TOXO: Anti-Toxoplasma (antibodies) _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

VZV: Anti-Varicella zoster virus _____ (-: Negative/ ±: Positive/ ? : Doubtful/ ND: Not done)

Infection comments _____

Hep C genotypes _____

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FORM B TRANSPLANTATION

Basic

Scandianumber:

Person number:

Surname:

First name:

Tx date/initial
reperfusion
(porta or artery)

Body Weight: _____ kg

Height: _____ cm

Encephalopathy _____

(1: Grade 1/ 2: Grade 2/ 3: Grade/
4: Grade 4/ 5: Yes, grade unknown/
N: No encephalopathy / ND: Not
Done / unknown)

Ascites _____

(0: None/1: Controlled with
medication/ 2: Refractory (poorly
controlled/ ND: Not done)

Artificial liver support _____

(M: Mars/ N: No/ P: Prometheus/
PL: Plasmapheresis)

No. of treatments _____

Ventilator _____

(N: No/ ND: Not Done / unknown/
Y: Yes)

Medical care status
(UNOS) _____

(1: Intensive care unit-bound/ 2:
Continuous hospitalization/ 3:
Continuous medical care/ 5: Not
done/unknown)

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Liver pre-pathology (patient liver to be explanted):

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	☐
IM: Immunotherapy	☐
OT: Other	☐

Laboratory test (obligatory for (i)MELD calculation)

Hemoglobin	_____	mmol/l	_____	g/L
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Thrombocytes	_____	*10 ⁹ /l		
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INR	_____			
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ASAT	_____	μkat/l	_____	U/l
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ALAT	_____	μkat/l	_____	U/l
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Albumin	_____	μmol/l	_____	g/l
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Na (Sodium)	_____	mmol/l		
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Bilirubin	_____	μmol/l		
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Creatinine	_____	μmol/l		
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Urea in plasma	_____	mmol/l		
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Dialysis	_____	(<u>N</u> : No/ <u>ND</u> : Not Done / unknown/ <u>Y</u> : Yes)
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Operation

Graft weight _____ g

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

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

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

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

Fibrosis: _____ (F0: No fibrosis/ F1: Portal fibrosis without septa/
F2: Portal fibrosis with few septa/ F3: Numerous septa without cirrhosis/ F4: Cirrhosis/ NA: Not available)

Complete reperfusion (porta and artery) _____ Date: _____ Time: _____

Cold ischemia time (DBD/DCD) _____ hours _____ minutes

Biliary anastomosis _____ (CC: Chol-cholstomy/ CD: Chol-Duod/ CJ:
Chol-jejenostomy/ ND: Not Done / unknown,
OT: Other)

By pass _____ (N: No/ U: Unknown/ Y: Yes)

Arterial anastomosis _____ (A: Aorta conduit/ O: Other/ S: Standard)

Number of arterial anastomosis _____

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

Portal vein thrombosis _____ (N: No/ U: Unknown/ Y: Yes)

Estimated perioperative blood los _____ ml

Red blood cell transfusion _____ ml

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Immunosuppression:

BAS: Basiliximab	☐
ATG: Anti-thymocyte globulin	☐
FK: Tacrolimus	☐
CSA: Cyclosporine	☐
MFA: Mycophenolate	☐
AZA: Azathioprine	☐
SIR: Sirolimus	☐
EVE: Everolimus	☐
GLU: Glucocorticosteroids	☐
OTH: Other	☐

Early post-op.

Results between 0 – 7 days after tx:

Max creatine	_____	μmol/l		
Dialysis	_____	(N: No/ ND: Not Done / unknown/ Y: Yes)		
Bilirubin day 7	_____	μmol/l	_____	mg/dl
INR day 7	_____			
Max ASAT day 0-7	_____	μkat/l	_____	U/l
Max ALAT day 0-7	_____	μkat/l	_____	U/l
Early complications within 1 month after tx	_____	(N: No/ NE: Not examined/Y: Yes)		

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FORM C FOLLOW-UP

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

Basic

Scandianumber: _____ Person number: _____

Surname: _____ First name: _____

Body Weight: _____ kg Height: _____ cm *(if age less than 18 years)*

Follow-up date: _____

Occupational status _____ (WO: Working/ RE: Retired/ ST: Student/ NW: No working capacity/ UN: Unknown)

Treated hypertension _____ (N: No/ U: Unknown/ Y: Yes)

Dialysis chronic kidney failure _____ (N: No/ ND: Not Done / unknown/ Y: Yes)

Diabetes _____ (N: No/ ND: Not Done / unknown/ Y: Yes)

Renal failure treatment _____ (DIA: Dialysis/ MTO: Medical treatment only/ TX: Transplantation)

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/estimated/ ME: Measured)

HbA1C _____ mmol/mol _____ %

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Total cholesterol _____ mmol/l

LDL cholesterol _____ mmol/l

PEth _____ µmol/l (Write 0 for any negative test result. If positive, write the actual number)

Immunosuppression

Current immunosuppression:

BAS: Basiliximab ☐
ATG: Anti-thymocyte globulin ☐
FK: Tacrolimus ☐
CSA: Cyclosporine ☐
MFA: Mycophenolate ☐
AZA: Azathioprine ☐
SIR: Sirolimus ☐
EVE: Everolimus ☐
GLU: Glucocorticosteroids ☐
OTH: Other ☐

Change in immunosuppression since last FU?

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 _____

Events (since last control)

Biopsy proven acute rejections _____ (N: No/ ND: Not Done / unknown/Y: Yes)

No of acute rejections _____

Recurrent disease (non-tumoral disease) _____ (N: No/ ND: Not Done / unknown/Y: Yes)

A. hepatica thrombosis _____ (N: No/ ND: Unknown/Y: Yes)

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Biliary strictures (treated)	_____	(<u>N</u> : No/ <u>ND</u> : Not Done / unknown/ <u>Y</u> : Yes)
Arterial complication	_____	(<u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Portal complication	_____	(<u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Donor-transmitted malignancy	_____	(<u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
PTLD (Post-LT lymphoproliferative disease)	_____	(<u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
Recurrence of initial tumor (tx recipient)		(<u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)
De novo post-transplant malignancy		(<u>N</u> : No/ <u>ND</u> : Unknown/ <u>Y</u> : Yes)

Post pathology (only for first FU after tx)

Liver post-pathology (explanted patient liver):

Non tumoral liver status	_____	(<u>1</u> : Cirrhosis (Metavir F4)/ <u>2</u> : Fibrosis (Metavir F1-F3)/ <u>3</u> : Normal (Metavir F0))
Malign liver tumor diagnosed	_____	(<u>N</u> : No/ <u>ND</u> : Not Done / unknown/ <u>Y</u> : Yes)
Liver tumor type	_____	(<u>CC</u> : Cholangio carcinoma/ <u>COM</u> : Cholangio carcinoma and hepatocellular carcinoma/ <u>HCC</u> : Hepatocellular carcinoma/ <u>OT</u> : Other)
Portal Tumoral thrombosis	_____	(<u>N</u> : No/ <u>ND</u> : Not Done / unknown/ <u>Y</u> : Yes)
Liver tumor comments	_____	
Liver tumor number	_____	
Liver tumor diameter (largest lesion)	_____	mm
Extraheptic growth	_____	(<u>N</u> : No/ <u>ND</u> : Not Done / unknown/ <u>Y</u> : Yes)
Vascular invasion	_____	(<u>0</u> : No/ <u>1</u> : Macro/ <u>2</u> : Micro)

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FORM D DEAD

Scandianumber: _____	Person number: _____
Surname: _____	First name: _____
Date of death _____	

Death causes (see lists)

Primary death cause	_____
Secondary death cause	_____

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List of primary diagnosis codes (Form A):

- the primary diagnosis follows the patient through subsequent transplantations

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
A41	Acute hepatic failure	Fulminant or subfulminant hepatitis	Virus E
A42	Acute hepatic failure	Fulminant or subfulminant hepatitis	Adenovirus
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)	
A22	ACLF grade 1		
A23	ACLF grade 2		
A24	ACLF grade 3		
A25	Alcoholic hepatitis		
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	
C4	Congenital biliary disease	Congenital biliary fibrosis	
C5	Congenital biliary disease	Choledochal cyst	
C6	Congenital biliary disease	Alagille syndrome	
C61	Congenital biliary disease	Progressive Familial Intrahepatic Cholestasis type 1 (PFIC1)	
C62	Congenital biliary disease	Bile Salt Export Pump (BSEP) deficiency	
C63	Congenital biliary disease	Multidrug Resistance Protein 3 (MDR3) deficiency	
C64	Congenital biliary disease	Tight Junction Protein 2 (TJP2)	
C65	Congenital biliary disease	Bile Acid Farnesoid X Receptor (FXR)	
C66	Congenital biliary disease	MYO5 gene mutation	
C67	Congenital biliary disease	Ubiquitin-Specific Peptidase 53 (USP53) deficiency	
C68	Congenital biliary disease	Kinesin Family Member 12 (KIF12)	

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List of primary diagnosis codes (Form A) – continued:

- the primary diagnosis follows the patient through subsequent transplantations

C7	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	
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	
F92	Metabolic diseases	Urea cycle disorder	
F93	Metabolic diseases	Organoaciduria	
F10	Metabolic diseases	Other Porphyria	
F11	Metabolic diseases	Crigler-Najjar	
F12	Metabolic diseases	Cystic fibrosis	
F13	Metabolic diseases	Byler disease	

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List of primary diagnosis codes (Form A) – continued:

- the primary diagnosis follows the patient through subsequent transplantations

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		
P	Congenital porto-systemic shunt (CPSS)		
Q	Cardiac cirrhosis		
R	Portopulmonary hypertension		
S	Auxillary Liver		
T	Multivisceral transplantation		

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List of codes for death (Form D) and re-transplantation diagnosis (Form A)

A1	Intraoperative (death on table)		
B1	Infection	Bacterial infection	
B2	Infection	Viral infection	
B3	Infection	HIV	
B4	Infection	Fungal infection	
B5	Infection	Parasitic infection	
B6	Infection	Other	
C1	Liver complications	Acute rejection	
C2	Liver complications	Chronic rejection	
C3	Liver complications	Arterial thrombosis	
C4	Liver complications	Hepatic vein thrombosis	
C41	Liver complications	Early portal vein thrombosis	
C42	Liver complications	Outflow impairment	
C5	Liver complications	Primary non-function (≤ 7 days)	
C6	Liver complications	Primary dys-function (> 7 days)	
C61	Liver complications	Small for size syndrome	
C7	Liver complications	Anastomotic biliary complication	
C8	Liver complications	Non-anastomotic biliary complication	
C9	Liver complications	Recurrence of original disease	Virus B
C10	Liver complications	Recurrence of original disease	Virus C
C11	Liver complications	Recurrence of original disease	Virus D
C12	Liver complications	Recurrence of original disease	Alcoholic
C13	Liver complications	Recurrence of original disease	PBC
C14	Liver complications	Recurrence of original disease	PSC
C15	Liver complications	Recurrence of original disease	Autoimmune
C16	Liver complications	Recurrence of original disease	Budd-Chiari
C17	Liver complications	Recurrence of original disease	Other
C18	Liver complications	De novo Virus B	
C19	Liver complications	De novo Virus C	
C20	Liver complications	De novo Virus D	
C21	Liver complications	Massive hemorrhagic necrosis	
C22	Liver complications	Other viral hepatitis	
C23	Liver complications	Infection	
C24	Liver complications	Other	
D1	Gastrointestinal complications	GI hemorrhage	
D2	Gastrointestinal complications	Pancreatitis	
D3	Gastrointestinal complications	Visceral perforation	
D4	Gastrointestinal complications	Other	
E1	Cardiovascular complications	Myocardial Infarction	
E2	Cardiovascular complications	Other	

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List of codes for death (Form D) and re-transplantation diagnosis (Form A) – continued

F1	Cerebrovascular complications	Intracranial hemorrhage	
F2	Cerebrovascular complications	Ischaemic stroke	
F3	Cerebrovascular complications	Cerebral oedema	
F4	Cerebrovascular complications	Cerebral infarction	
G1	Tumor	Recurrence of original tumor	
G2	Tumor	Recurrence of previously unrelated tumor	
G3	Tumor	De novo solid organ tumor	
G4	Tumor	Donor transmitted tumor	
G5	Tumor	Lymphoproliferative disease	
H1	Renal failure		
H2	Urinary tract infection		
I1	Pulmonary complications	Embolism	
I2	Pulmonary complications	Infection	
J1	Social complications	Non compliance immunosuppression	
J2	Social complications	Suicide	
J3	Social complications	Trauma	
K1	Bone marrow depression		
L1	Other		
M1	Not available		
N1	Neurological complication		