

Patient Characteristics at time of listing**Patient ID*** _____

This should be random number linked to the patient. No patient or center identifiers allowed. Use our random ID generator available at: <https://alfregistry.org/conversions>. Please also use our Submission and ID database template to link the patient hospital numbers with their IDs: https://alfregistry.org/sites/default/files/ID_Database.xlsx

Age _____ years | Gender ☐ Male ☐ Female

Height _____ cm | Weight _____ kg

Use our conversion calculator at: <https://alfregistry.org/conversions>

Ethnicity ☐ Caucasian ☐ Latino/Hispanic☐ Middle Eastern ☐ African ☐ Caribbean ☐ South Asian☐ East Asian ☐ Mixed**Etiology of Acute Liver Failure (ALF)**☐ Paracetamol / Acetaminophen ☐ Drug-induced☐ Autoimmune hepatitis ☐ Viral hepatitis ☐ Metabolic☐ Indeterminate ☐ Other _____**Comorbidities** ☐ No comorbidities☐ Cardiac comorbidity (e.g. Atrial fibrillation, Cardiomyopathy, Valvular heart disease)☐ Hypertension☐ Diabetes mellitus☐ Stroke ☐ Asthma☐ Thyroid disorder**Carrier of blood borne viruses**☐ None ☐ HIV ☐ HBV ☐ HSV ☐ Other _____**Blood group** ☐ A ☐ B ☐ AB ☐ O**Life support any time prior to transplantation** ☐ None☐ CRRT ☐ Dialysis ☐ Ventilation ☐ Vasopressors**Liver assist Device:** ☐ Yes ☐ No**If Yes:**☐ Plasma exchange ☐ MARS ☐ Other _____**Hepatic Encephalopathy**☐ None ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4**Laboratory results at the time of listing**Lactate _____ mmol/L *Norm ≤ 2 mmol/L.* pH _____.Hemoglobin _____ g/dl *Norm 14-18 g/dl (male), 12-14 g/dl (female).*Platelets _____ /nl *Norm: 150-400/nl.* White Blood Cell Count(WBC) _____ /nl *Norm 4-11/nl.*Creatinine _____ μ mol/L*Norm: 62-115 μ mol/L. Use our unit conversion calculator from mg/dL**to μ mol/L at <https://alfregistry.org/conversions>*Bilirubin _____ μ mol/L*Norm: 5 - 32 μ mol/L. Use our conversion calculator from mg/dL**to μ mol/L at <https://alfregistry.org/conversions>, INR _____ ratio**INR: International normalized ratio*Sodium _____ mmol/L. Albumin _____ g/L *Norm: 35 - 55**g/L.*

Factor V _____ %, (If available). ALT _____ U/L (Alanine

aminotransferase) AST _____ U/L (Aspartate aminotransferase=

Fibrinogen _____ g/L *Norm: 1.5-4.0 g/L.***Cranial CT:**brain edema ☐ Yes ☐ No**Abdomen CT:**Any evidence for chronic liver disease ☐ Yes ☐ No**Patient Status 15 Days after listing if not transplanted**☐ Recovered without transplant☐ Died without transplant Other _____**Patient who underwent Transplantation****Type of liver transplantation**☐ DBD-LTX ☐ DCD-LTX ☐ LDLTX ☐ APOLT (Auxiliary Partial Orthotopic Liver Transplantation) DD-Age: _____ LD-Age: _____**Duration of surgery** _____ minutes*Time from skin incision to skin closure in minutes***Transplantation ABO-incompatible** ☐ Yes ☐ No**Intraoperative veno-venous bypass** ☐ Yes ☐ No**Intraoperative renal replacement therapy** ☐ Yes ☐ No**Transfusion directed by viscoelastic testing (e.g. TEG or ROTEM)** ☐ Yes ☐ No*TEG: Thromboelastogram | ROTEM: Rotation thromboelastometry***Intraop transfused blood products***Intraoperative transfused Blood Products (if not given, indicate "0")*

PRC _____ (units). FFP _____ (units) Platelets _____ (units)

Prothrombin complex concentrate _____ (units)

Fibrinogen concentrate _____ (g) Factor XIII _____ (units)

Factor VIIa _____ (mg). Tranexamic acid _____ (g)

Patient Postoperative Characteristics until Hospital Discharge**Length of intensive care unit (ICU) stay** _____ days**Ventilation time before transplant** _____ hours**Ventilation after transplant** _____ hours*Time from skin closure to extubation***Patient postoperative inotropes** ☐ Yes ☐ No**Transfused Blood Products Until Hospital Discharge***Intraoperative transfused Blood Products (if not given,**indicate "0").* PRC _____ (units). FFP _____ (units)

Platelets _____ (units) Prothrombin complex _____ (units)

Fibrinogen concentrate _____ (g) Factor XIII _____ (units)

Factor VIIa _____ (mg). Tranexamic acid _____ (g)

Requirement for post-transplant renal replacement therapy (RRT) ☐ Yes ☐ No

Duration of RRT _____ hours

Neurologic complication postop ☐ Yes ☐ No**Patient Postoperative lab****Patient postoperative peak ALT (up to day 7 post-transplant)**

_____ IU/L

*ALT: Alanine aminotransferase***Postoperative peak AST (up to day 7 post-transplant)**

_____ IU/L

*AST: Aspartate aminotransferase***Bilirubin on postoperative day 7** _____ μ mol/L*Typical normal ranges 3-25 (μ mol/L). Use our conversion calculator**from mg/dL to μ mol/L: <https://alfregistry.org/conversions>***Bilirubin on postoperative day 14** _____ μ mol/L*if available. Typical normal ranges 3-25 (μ mol/L). Use our conversion**calculator from mg/dL to μ mol/L: <https://alfregistry.org/conversions>***INR on postoperative day 7** _____ ratio*INR: International normalized ratio***Patient peak lactate on postoperative day 1** _____ mmol/L*Day 1 post-transplant, NOT intraoperative***Patient Status 90 Days after listing and transplanted**Transplanted and recovered ☐ Yes ☐ NoNeed retransplantation ☐ Yes ☐ NoDied following transplant ☐ Yes ☐ No**Recipient status at 1 year post-transplant**12 month follow up not completed yet ☐ Yes ☐ NoAlive at 1 year post-transplant ☐ Yes ☐ NoDead within 1 year post-transplant ☐ Yes ☐ NoUnknown / lost to follow up ☐ Yes ☐ No**Recipient days from transplantation to death** _____ day*Please fill this part if the patient passed; otherwise, leave it blank.*