

Institution Code:

Patient's date of birth: _____

Gamma-glutamyltransferase (γ -GT) _____ U/l other unit: _____

Alkaline phosphatase _____ U/l other unit: _____

Protein _____ g/l other unit: _____

Prothrombin time (Quick) _____ seconds other unit: _____

Partial thromboplastin time (PTT) _____ seconds

Nutrition breast fed formula

Other yes no

please specify _____

Medication

Vitamins A or/and E yes no

Vitamine K yes no

Vitamin D yes no

Ursodesoxycholic acid yes no

Antibiotics yes no

substance: _____

Others yes no

please specify _____

Liver transplantation planned performed, date: _____

LTx decision criteria: _____

Physical exam: _____