

## Guidelines

**Document Title:** Liver-Post Hepatic Resection (Donor) Registration Guidelines

**Document No:** NRDO-G001.05b

**Document Class:** Restricted

**Version no:** 2.2

**Effective Date:** 01 APRIL 2011

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
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**TABLE OF CONTENTS**

**ABBREVIATIONS ..... 3**

**Part I. INTRODUCTION ..... 4**

**Part II. DEFINITION ..... 4**

**Part III. PATHWAYS AND TIMELINE FOR NOTIFICATION OF CASES..... 5**

**Part IV. DATA ITEMS ON NEW CASE REGISTRATION FORM FOR LIVER DONOR  
(NEW CASE)..... 9**

**Part V. DATA ITEMS ON FOLLOW-UP FORM FOR LIVER DONOR..... 17**

**PART VI. DATA ITEMS ON LISTINGS..... 22**

**ANNEX A - Examples of conditions classified under the various diseases/illnesses  
(list is not exhaustive) ..... 23**

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
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## ABBREVIATIONS

<b>DCR</b>	Donor Care Registry
<b>sFTP</b>	secured File Transfer Protocol (Secured way for electronic data transmission)
<b>PGP</b>	Pretty Good Privacy (Software for encrypting data in emails)
<b>NRD</b>	National Registry of Diseases
<b>NRDO</b>	National Registry of Diseases Office
<b>NOTU</b>	National Organ Transplant Unit

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
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## **Part I. INTRODUCTION**

Ministry of Health (MOH) has established the Donor Care Registry (DCR) under the National Registry of Diseases (NRD) Act to monitor living donor outcomes and post donation complications. Under the NRD Act, the manager of healthcare institution is required to report information on liver-post hepatic resection (donor) to the National Registry of Diseases Office (NRDO).

For the purposes of section 6(1) of the NRD Act, it is mandatory for the manager of a healthcare institution to notify the Donor Care Registry at the NRDO of the following:

a) a person who has undergone hepatic resection for the purpose of transplantation into the body of another living person

or

b) the donor is undergoing treatment for liver- post hepatic resection at the healthcare institution ( first of such treatments received by the donor at the healthcare institution on or after 1<sup>st</sup> November 2009).

The Advisory Committee on Transplant (ACT) has recommended follow up treatment for liver-post hepatic resection (donor) at 6-week, 3-month, 6-month after hepatic resection and annually.

These guidelines are written to assist managers of healthcare institutions and medical practitioners to better understand the responsibilities in providing notifications of cases of liver- post hepatic resection (donor).

## **Part II. DEFINITION**

“hepatic resection” means the surgical removal of a part of the liver

“liver – post hepatic resection (donor)” refers to the absence of a part of liver in a person due to having undergone hepatic resection for the purpose of transplantation of a part of his liver into the body of another living person;

“patient” means a person to whom a notification referred to in regulation 3 in the National Registry of Diseases (Liver-Post Hepatic Resection (Donor) Notification) Regulations 2009 relates (i.e. the donor):

“recipient” means the person into whose body a part of the patient’s liver is or will be transplanted.

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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### Part III. PATHWAYS AND TIMELINE FOR NOTIFICATION OF CASES

Table 1 shows the pathways and timeline for reporting cases. It is important to send listings and notifications of reportable cases not later than the timeline as stated so that NRDO can produce accurate and timely trend reports.

Managers of healthcare institutions are required to notify the cases, through submission of hard or electronic copies of the notification forms / listings, within 3 months post hepatic resection and upon commencement of follow-up treatment at any healthcare institution.

**TABLE 1: Pathways and Timeline of reporting**

<b>a) REPORTING OF NEW CASE OF LIVER DONATION</b>		
<b>Pathways of Notification</b>	<b>Timeline</b>	<b>Mode of data transmission</b>
<p><b><u>New cases of liver donors</u></b> For all new cases of liver transplantation reported to NOTU - there is <u>no need</u> to further notify NRDO of these new cases.</p> <p><b><u>Form of notification:- Donor case listing</u></b> - will be submitted by the National Organ Transplant unit (NOTU) to NRDO to fulfil the requirements for healthcare institutions to report new cases under the NRD Act.</p>	Routine monthly reports from NOTU	sFTP

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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<b>a) REPORTING OF NEW CASE OF LIVER DONATION</b>		
<b>Pathways of Notification</b>	<b>Timeline</b>	<b>Mode of data transmission</b>
<p>For New cases of Liver transplantation <u>not</u> reported to NOTU:</p> <p><b>Form to use: - New Case Registration Form for Liver Donor</b></p>	<p>Within 3 months from date of hepatic resection for organ donation.</p>	<p>(1) E- Notification @ the Health Professional Portal (<a href="http://www.hpp.moh.gov.sg">www.hpp.moh.gov.sg</a>) (This is an on-line notification system for doctors to notify reportable diseases/conditions)</p> <p>or</p> <p>(2) Hard copy can be downloaded from Registry's Internet website @ <a href="http://www.nrdo.gov.sg">http://www.nrdo.gov.sg</a> or requested from the National Registry of Diseases Office (NRDO)</p> <p>and then sent by Registered mail or by hand (including courier service) to: Donor Care Registry at the NRDO</p> <p><b>N.B. Please DO NOT submit the form via email or fax.</b></p>

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
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<b>b) REPORTING OF TREATMENT OR FOLLOW-UP OF DONOR</b>		
<b>Pathways of Notification</b>	<b>Timeline</b>	<b>Mode of data transmission</b>
<p>For Donor undergoing treatment post hepatic resection (first of such treatment on or after 1<sup>st</sup> November 2009) at the healthcare institution:</p> <p><u>Form to use:</u> - <b>Follow-up Form for Liver Donor</b></p>	<p>Within 3 months after the treatment has commenced at the healthcare institution i.e.</p> <ul style="list-style-type: none"> <li>• Private specialist clinic,</li> <li>• Specialist outpatient clinic at Restructured Hospitals</li> </ul>	<p>(1) E- Notification @ the Health Professional Portal (<a href="http://www.hpp.moh.gov.sg">www.hpp.moh.gov.sg</a>)</p> <p>Or</p> <p>(2) Hard copy can be downloaded from Registry's Internet website @ <a href="http://www.nrdo.gov.sg">http://www.nrdo.gov.sg</a> or requested from the National Registry of Diseases Office (NRDO)</p> <p>and then sent by Registered mail or by hand (including courier service) to: Donor Care Registry at the NRDO</p> <p><b>N.B. Please DO NOT submit the form via email or fax.</b></p>
<p>For donors who are admitted to Restructured hospitals for inpatient treatment subsequent to post hepatic resection:</p> <p><b>Hospital Inpatient Discharge summaries listing</b></p>	<p>Within 3 months after the hospitalisation</p>	<p>(1) sFTP or PGP or encrypted electronic storage device e.g. thumb drive, CD rom.</p> <p>or</p> <p>(2) Hardcopy listing - and sent by Registered mail or by hand (including courier service) to: Donor Care Registry at the NRDO</p>

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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### **Minimal mandatory data items**

**For notification of new transplant cases or follow-up treatment at any healthcare institution, it is mandatory to furnish the following data items:**

1. Identification Number (NRIC/ Passport No/ Foreign Identification No / Hospital Registration No.)
2. Name
3. Date of Birth or age (if date of birth is unknown)
4. Name of notifying healthcare institution (including department)
5. Date of hepatic resection (for new cases)

### **Collection of additional information under section 7(1) of NRD Act**

Upon receipt of the notification, NRDO may require the manager of the healthcare institution to provide additional information. A registry coordinator from NRDO will contact the manager or the designated staff at the healthcare institution to make arrangement for visit at the healthcare institution to collect the additional information.

Alternatively, the manager of the healthcare institution may wish to furnish the additional information to NRDO via:

- a) E-Notification @ [www.hpp.moh.gov.sg](http://www.hpp.moh.gov.sg)
  - or
  - b) by completing the following forms (hardcopy):
    - i) New Case – New Case Registration form for Liver Donor
    - ii) Follow-Up treatment - Follow-Up treatment form
- Note: Hardcopy form must be delivered to NRDO via Registered mail or hand delivered

### **Updates on follow-up treatment**

Information on the donor's well-being post hepatic resection will be collected at the recommended scheduled intervals of six weeks, three months and six months after hepatic resection and then at year-end (which will commence in the month of December).

**The manager of the healthcare institution is legally responsible to ensure that the required information is provided to the registry.**



<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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#### **Part IV. DATA ITEMS ON NEW CASE REGISTRATION FORM FOR LIVER DONOR (NEW CASE)**

The following table provides definitions for the data items on the New Case Registration form for Liver Donor:

<b>Section 1: Particulars of Donor</b>	
<b>Data items</b>	<b>Definition</b>
Name	Record the patient's name (underline surname) from NRIC/ Passport/employment pass/work permit /Birth certificate/case-notes.
NRIC	NRIC No. } – Applicable to Singapore citizens and Permanent Residents Singapore NRIC should be entered as in the format SXXXXXXXXC or TXXXXXXXXC for those Singaporean born from 2000.
Passport No	Passport No. – Applicable to Foreigners only Enter passport no. if FIN no. is unavailable. Passport numbers enter as appears in the passport.
Foreign Identification (FIN) No.	FIN No. – Applicable to Foreigners only Enter FIN No. if patient has both FIN & Passport
Hospital Registration No.	Hospital Registration No.– Applicable to Foreigners and residents without NRIC
Date of Birth	Format is DD/MM/YYYY If only the year of birth is available then the date format will be 01/01/YYYY.
Resident Status	Tick accordingly: 1- Singapore citizen 2- Singapore Permanent Resident 3 – Others (refers to foreigners with other types of visa), please specify or select from the 'drop down' list (E notification).
Gender	Tick accordingly: Male or Female

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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Section 1: Particulars of Donor	
Data items	Definition
Country of Birth	Patient's country of birth 1. Singapore 2. Malaysia 3. China 4. Indonesia 5. India 6. Others, specify: _____ 7. Unknown
Ethnic Group	Tick - <b>Chinese</b> / Malay / Indian / Eurasian /Others  <ul style="list-style-type: none"> <li>• <b>Malay</b> – refers to persons of Malay or Indonesian origin. Eg: Boyanese, Bugis, Javanese.</li> <li>• <b>Indian</b> – Include people from India and India subcontinent. Eg: Bangladeshi, Bengali, Malayalee, Punjabi, Sikhs, Singhalese, Sri Lankans and Tamil.</li> <li>• <b>Eurasian</b> – refers to mixed ancestry</li> <li>• <b>Others</b> – refers to groups not classified as above. Eg: Arab, Caucasian, Japanese, etc. Please specify or select from drop-down list (E notification).</li> </ul>
Marital Status	Tick accordingly: 1. Single 2. Married 3. Widowed 4. Separated 5. Divorced 6. Unknown (information is unavailable)

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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Section 1: Particulars of Donor	
Data items	Definition
Educational level (Highest)	<p>For those born between 1920s and 1940s, can code as:            'No Formal' or 'Low Primary' if information on education is unavailable.</p> <p>Tick accordingly:            No Formal Education            Low Primary            PSLE            Secondary (No 'O' level certificate)            GCE N Level            GCE-O Level            GCE-A Level            Diploma            University &amp; above            Not Available</p>
Employment status	<p>Tick accordingly:            Working full time, specify _____            Working part-time, specify _____            Not Working            Retired            Housewife            Student            Unknown (information is unavailable)</p>
Relationship to Recipient	<p>Tick accordingly:</p> <p>A. Biologically related            Parent            Sibling            Offspring            Identical twin            Others, specify _____</p> <p>B. Emotionally related            Spouse            Friend            Others, specify _____</p> <p>C. Others            Directed (Donor knows who is the recipient)            Non- Directed (Donor does not know the recipient)            Others, specify _____</p>

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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#### Part IV. DATA ITEMS ON NEW CASE REGISTRATION FORM FOR LIVER DONOR (NEW CASE)

<b>Section 2: Particulars of Recipient</b>	
<b>Data items</b>	<b>Definition</b>
Name	Record the patient's name (underline surname) from NRIC/ Passport/employment pass/work permit /Birth certificate/case-notes.
NRIC	NRIC No. } – Applicable to Singapore citizens and Permanent Residents Singapore NRIC should be entered as in the format SXXXXXXXXC or TXXXXXXXXC for those Singaporean born from 2000.
Passport No	Passport No. – Applicable to Foreigners only Enter passport no. if FIN no. is unavailable. Passport numbers enter as appears in the passport.
Foreign Identification (FIN) No.	FIN No. – Applicable to Foreigners only Enter FIN No. if patient has both FIN & Passport
Hospital Registration No.	Hospital Registration No.– Applicable to Foreigners and residents without NRIC
Date of Birth	Format is DD/MM/YYYY If only the year of birth is available then the date format will be 01/01/YYYY.
Resident Status	Tick accordingly: 1- Singapore citizen 2- Singapore Permanent Resident 5 – Others (refers to foreigners with other types of visa), please specify or select from the 'drop down' list (E notification).
Gender	Tick accordingly: Male or Female

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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Section 2: Particulars of Recipient	
Data items	Definition
Ethnic Group	Tick - <b>Chinese</b> / Malay / Indian / Eurasian /Others <ul style="list-style-type: none"> <li>• <b>Malay</b> – refers to persons of Malay or Indonesian origin. E.g.: Boyanese, Bugis, Javanese.</li> <li>• <b>Indian</b> – Include people from India and India subcontinent. E.g.: Bangladeshi, Bengali, Malayalee, Punjabi, Sikhs, Singhalese, Sri Lankans and Tamil.</li> <li>• <b>Eurasian</b> – refers to mixed ancestry</li> <li>• <b>Others</b> – refers to groups not classified above. E.g.: Arab, Caucasian, Japanese, etc. Please specify or select from drop-down list (E notification).</li> </ul>
Marital Status	Tick accordingly: <ol style="list-style-type: none"> <li>1. Single</li> <li>2. Married</li> <li>3. Widowed</li> <li>4. Separated</li> <li>5. Divorced</li> <li>6. Unknown (information is unavailable)</li> </ol>
Name of Recipient's Healthcare Institution	Place where transplantation was performed: Tick accordingly: Singapore General Hospital National University Hospital Gleneagles Hospital Mount Elizabeth Hospital Raffles Hospital Others, specify _____

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
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<b>Section 3: Donor Baseline Information (Pre - Donation) – Dates for all data items should be prior to Hepatic resection</b>	
<b>Data items</b>	<b>Definition</b>
Date of Baseline information	Date format DD/MM/YYYY Date of latest consultation prior to hepatic resection.
Weight	Record the latest measurement taken and date prior to hepatic resection.  Date format DD/MM/YYYY  Tick - unknown if information is unavailable.
Height	Record the latest measurement taken and date prior to hepatic resection.  Date format DD/MM/YYYY  Tick - unknown if information is unavailable.
Smoking status	Based on status nearest to the time of hepatic resection. Tick accordingly: 1. Current Smoker 2. Ex-Smoker 3. Never 4. Unknown (information is unavailable)
EQ 5D (EuroQol 5 dimensional format for health status)	Enter status of the following (on the EQ 5D form): - <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Self-Care</li> <li>• Usual Activities</li> <li>• Pain/Discomfort</li> <li>• Anxiety Depression</li> </ul> Tick - unknown if information is unavailable.

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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## Part IV. DATA ITEMS ON NEW CASE REGISTRATION FORM FOR LIVER DONOR (NEW CASE)

<b>Section 3: Donor Baseline Information (Pre - Donation)</b>	
<b>Data items</b>	<b>Definition</b>
Liver Panel	Enter the date (DD/MM/YYYY) of test and all results of the various components.  Tick - unknown if information is unavailable.
Full Blood Count	Enter the date (DD/MM/YYYY) of test and all results of the various components.  Tick - unknown if information is unavailable.
Prothrombin Time (PT)	Enter the date (DD/MM/YYYY) of test and all results.  Tick - unknown if information is unavailable.
Ultrasound / CT scan / MRI Liver	Enter the date (DD/MM/YYYY) of test and findings Tick accordingly: <ul style="list-style-type: none"> <li>• No abnormalities</li> <li>• Fatty Liver</li> <li>• Other abnormalities, specify _____</li> </ul> Tick - unknown if information is unavailable..
<b>Section 4: Data Related to Donor Hepatic Resection</b>	
Date of hepatic resection	Enter the date (DD/MM/YYYY) of surgery
Place of surgery	Tick accordingly: Singapore General Hospital National University Hospital Gleneagles Hospital Mount Elizabeth Hospital Raffles Hospital Others, specify _____
Type of hepatic resection	Specify the type of hepatic resection.

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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## Part IV. DATA ITEMS ON NEW CASE REGISTRATION FORM FOR LIVER DONOR (NEW CASE)

<b>Section 4: Data Related to Donor Hepatic Resection</b>	
<b>Data items</b>	<b>Definition</b>
Complications during hospitalisation	<ul style="list-style-type: none"> <li>• Tick NO if there is nil complication</li> <li>• Tick accordingly for Liver Failure/Impairment               <ul style="list-style-type: none"> <li>○ No</li> <li>○ Unknown (information is unavailable)</li> <li>○ if Yes, enter the date of Liver failure/impairment (DD/MM/YYYY)</li> </ul> </li> </ul> <p>Or</p> <p>Tick Surgical / Medical / Others and specify the condition</p>
Date of initial discharge	Enter the date (DD/MM/YYYY) of discharge
Live donor discharge disposition	Tick either:  Alive or Dead
<b>Section 5: Details of notifying healthcare institution</b>	
Name of notifying healthcare institution (including department)	Name of Hospital / clinic / transplant centre which made the notification
Name of notifying person	Name of Doctor / Nurse who made the notification
Date of notification	Enter the date (DD/MM/YYYY)



<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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## Part V. DATA ITEMS ON FOLLOW-UP FORM FOR LIVER DONOR

The following table provides definitions for the data items on the Follow-up form for Liver donor based on the recommended scheduled interval of 6/52, 3/12 and 6/12 after hepatic resection and then annually (which will be collected at year-end).

Data items	Definition
<b>Section 1: Donor's status at follow-up</b>	
Name	Record the patient's name (underline surname) from NRIC/ Passport/case-notes/Birth certificate/employment pass/work permit.
NRIC	NRIC No. } – Applicable to Singapore citizens and Permanent Residents Singapore NRIC should be entered as in the format SXXXXXXXXC or TXXXXXXXXC for those Singaporean born from 2000.
Passport No	Passport No. – Applicable to Foreigners only Enter passport no. if FIN no. is unavailable. Passport numbers enter as appears in the passport.
Foreign Identification (FIN) No.	FIN No. – Applicable to Foreigners only Enter FIN No. if patient has both FIN & Passport
Hospital Registration No.	Hospital Registration No.– Applicable to Foreigners and residents without NRIC
Date of Birth	Format is DD/MM/YYYY If only the year of birth is available then the date format will be 01/01/YYYY.
Date of Consultation	Enter the date (DD/MM/YYYY) of the last consultation, nearest to the recommended follow-up at 6/52, 3/12 and 6/12 or annually after the hepatic resection.
Healthcare Institution (including specific centre, department or clinic) responsible for subsequent treatment or follow-up	Enter the name of Hospital / Department / Clinic / Transplant centre where donor receives follow-up care.
Height	Record the latest measurement taken Enter the date (DD/MM/YYYY) Tick - unknown if information is unavailable.

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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## Part V. DATA ITEMS ON FOLLOW-UP FORM FOR LIVER DONOR

Section 1: Donor's status at follow-up	
Data items	Definition
Weight	Record the latest measurement taken on or nearest to the date of consultation. Enter the date (DD/MM/YYYY) Tick - unknown if information is unavailable.
Smoking status	Based on status recorded, nearest the date of consultation. Tick accordingly: 1. Current Smoker 2. Ex-Smoker 3. Never 4. Unknown (information is unavailable)
Employment status	Tick accordingly: Working full time, specify _____ Working part-time, specify _____ Not Working Retired Housewife Student Unknown (information is unavailable)
EQ 5D (EuroQol 5 dimensional format for health status)	Enter status of the following (on the EQ 5D form): - <ul style="list-style-type: none"> <li>• Mobility</li> <li>• Self-Care</li> <li>• Usual Activities</li> <li>• Pain/Discomfort</li> <li>• Anxiety Depression</li> </ul> Tick - unknown if information is unavailable.

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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## Part V. DATA ITEMS ON FOLLOW-UP FORM FOR LIVER DONOR

Section 1: Donor's status at follow-up	
Data items	Definition
Other illness since last visit	<p>Tick: Yes / No / Unknown</p> <p>If Yes, tick one of the following:</p> <ul style="list-style-type: none"> <li>a. Urinary tract disease</li> <li>b. Cardiovascular disease</li> <li>c. Cerebrovascular disease</li> <li>d. Pulmonary disease</li> <li>e. Musculoskeletal disease</li> <li>f. Malignancy</li> <li>g. Infection</li> <li>h. Accident</li> <li>i. Others, specify _____</li> </ul> <p>Enter date (DD/MM/YYYY) of illness</p> <p>Refer to Annex A for examples of conditions classified under the various diseases/illnesses</p>
Admission to hospital since last visit	<p>Tick: Yes / No / Unknown</p> <p>Tick <input checked="" type="checkbox"/> if Day Surgery Admission</p> <p>If Yes, tick one of the following:</p> <ul style="list-style-type: none"> <li>a. Urinary tract disease</li> <li>b. Cardiovascular disease</li> <li>c. Cerebrovascular disease</li> <li>d. Pulmonary disease</li> <li>e. Musculoskeletal disease</li> <li>f. Malignancy</li> <li>g. Infection</li> <li>h. Accident</li> <li>i. Others, specify _____</li> </ul> <p>Enter date (dd/mm/yyyy) of admission</p> <p>Refer to Annex A for examples of conditions classified under the various diseases/illnesses</p>

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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## Part V. DATA ITEMS ON FOLLOW-UP FORM FOR LIVER DONOR

Section 2: investigations (at follow-up)	
Data items	Definition
Liver Panel	Enter the date (DD/MM/YYYY) of test. and all results of the various components.  Tick - unknown if information is unavailable.
Full Blood Count	Enter the date (DD/MM/YYYY) of test and all results of the various components.  Tick - unknown if information is unavailable.
Prothrombin Time (PT)	Enter the date (DD/MM/YYYY) of test and all results.  Tick - unknown if information is unavailable.
Ultrasound Liver	Enter the date (DD/MM/YYYY) of test and Tick accordingly: <ul style="list-style-type: none"> <li>• No abnormalities</li> <li>• Fatty Liver</li> <li>• Other abnormalities, specify _____</li> </ul> Tick - unknown if information is unavailable.
CT Scan / MRI Liver	Enter the date (DD/MM/YYYY) of test and findings Tick accordingly: <ul style="list-style-type: none"> <li>• No abnormalities</li> <li>• Fatty Liver</li> <li>• Other abnormalities, specify _____</li> </ul> Tick - unknown if information is unavailable.
ERCP/MRCP	Enter the date (DD/MM/YYYY) of test and findings Tick accordingly: <ul style="list-style-type: none"> <li>• .ERCP: _____</li> <li>• MRCP: _____</li> <li>• Others, specify _____</li> </ul> Tick - unknown if information is unavailable.

<b><u>NATIONAL REGISTRY OF DISEASES</u></b> <b><u>Liver-Post Hepatic Resection (Donor)</u></b> <b><u>Registration Guidelines</u></b>	<b>Document No:</b>	NRDO-G001.05b
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## Part V. DATA ITEMS ON FOLLOW-UP FORM FOR LIVER DONOR

<b>Section 3: Adverse condition relating to liver</b>	
<b>Data items</b>	<b>Definition</b>
Liver Failure	Tick: Yes / No
Date of Liver Failure	If Yes, enter the date (DD/MM/YYYY) of diagnosis
Cause of Liver Failure	State the cause of the condition
On Transplant waiting list	Tick: Yes / No
Reason for not on Transplant waiting list	State the reason _____
<b>Section 4: Vital Status</b>	
Vital Status	Tick either: Alive or Dead
Date of Death	Enter the date (DD/MM/YYYY) of death
Place of Death	Enter the place of Death
Cause of Death	Enter the primary cause of death
<b>Section 5: Details of notifying healthcare institution</b>	
Name of notifying healthcare institution (including department)	Name of Hospital / clinic / transplant centre which made the notification
Name of notifying Person	Name of Doctor / Nurse who made the notification
Date of notification	Enter the date (DD/MM/YYYY )

<b><u>NATIONAL REGISTRY OF DISEASES</u></b>	<b>Document No:</b>	NRDO-G001.05b
<b><u>Liver-Post Hepatic Resection (Donor) Registration Guidelines</u></b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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## PART VI. DATA ITEMS ON LISTINGS

### Donor Case listing

	<b>Particulars of Donor</b>
1	Name
2	NRIC/Passport/FIN/Hospital No.
3	Date of Birth
4	Gender
5	Ethnic group
6	Marital status
7	Resident status
8	Education level
9	Employment status
10	Date of Hepatic Resection
11	Place of Hepatic Resection
12	Type of Hepatic Resection
13	Living Donor's Relationship to Recipient
14	Name of notifying healthcare institution (including department)
	<b>Particulars of Recipient</b>
15	Name
16	NRIC/Passport/FIN/Hospital No.
17	Date of Birth
18	Gender
19	Place of Transplantation

### Listing of Hospital Inpatient Discharge summaries

1	Name Of Donor
2	Donor's NRIC/Passport/FIN/Hospital No.
3	Date of Birth
4	Gender
5.	Name of notifying healthcare institution (including department)
6.	Date of Admission
7.	Date of Discharge
8.	Diagnosis at discharge
9.	V Codes: V59.6 for Liver Donors

<b>NATIONAL REGISTRY OF DISEASES</b>	<b>Document No:</b>	NRDO-G001.05b
<b>Liver-Post Hepatic Resection (Donor) Registration Guidelines</b>	<b>Effective Date:</b>	01 APRIL 2011 (Ver 2.2)
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**ANNEX A - Examples of conditions classified under the various diseases/illnesses (list is not exhaustive)**

<b>Urinary Tract Disease</b>	<b>Cardiovascular Disease</b>	<b>Cerebrovascular Disease</b>
Bladder Infection	AAA (Abdominal Aortic Aneurysm)	Basal Ganglia Cerebrovascular Disease
BPH (Benign Prostatic Hyperplasia)	Acute Myocardial Infarction	Dementia, Vascular
Cystitis	Cardiac Failure	Hemorrhagic Stroke
Glomerulonephritis (GN)	Cardiomyopathy	Intracranial Embolism and Thrombosis
Hematuria	Congestive Heart Failure	Ischaemic Stroke
Hydrocele	Coronary Artery Disease	Lacunar Infarct
Nephrolithiasis (Kidney Stone)	Endocarditis	Transient Ischaemic Attack
Nephrotic Syndrome	Hypercholesterolemia/Hyperlipidemia	Vascular Headaches
Proteinuria	Hypertension	
Pyelonephritis	Ischaemic Heart Disease	
Urethral Stricture	Peripheral Vascular Disease	
Urethritis		
Urolithiasis (Urinary Stone)		
UTI (Urinary Tract Infections)		
<b>Pulmonary Disease</b>	<b>Musculoskeletal Disease</b>	<b>Malignancy</b>
Asthma	Back Pain	Leukemia
Bronchopneumonia	Bone Diseases	Malignant Neoplasm of Breast
Bronchitis	Fasciitis	Malignant Neoplasm of Cervix
COLD/COPD (Chronic Obstructive Lung Disease/Chronic Obstructive Pulmonary Disease)	Gout	Malignant Neoplasm of Colon
emphysema	Joint Diseases	Malignant Neoplasm of Esophagus
Pleural Effusion	Joint Pain	Malignant Neoplasm of Kidney
Pneumonia	Lumbago	Malignant Neoplasm of Larynx
Pneumothorax	Osteoarthritis	Malignant Neoplasm of Liver
PTB	Osteoporosis	Malignant Neoplasm of Lung
	Rheumatic Diseases	Malignant Neoplasm of Nasopharynx
	Spinal Stenosis	Malignant Neoplasm of Prostate
	Systemic Lupus Erythematous (SLE)	Malignant Neoplasm of Stomach
		Malignant Neoplasm of Tongue
		Malignant Neoplasm of Uterus
		Multiple Myeloma
		Lymphoma

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**Annex A - Other Illnesses/Admissions since last visit Listing (sample list and is not exhaustive) continuation**

<b>Infection</b>	<b>Accident</b>	
Chickenpox	Drug Overdose	
CMV (Cytomegalovirus) Disease	Falls	
Dengue Fever	Industrial Accident	
Gastroenteritis	Road Traffic Accident	
Hand,foot and mouth disease	Sporting accident	
HIV Infection		
Malaria		
Meningitis		
Septicaemia		
Surgical Wound Infection		
Viral Hepatitis		