Supplementary Table 1 Reference ranges and clinical significance of coagulation parameters

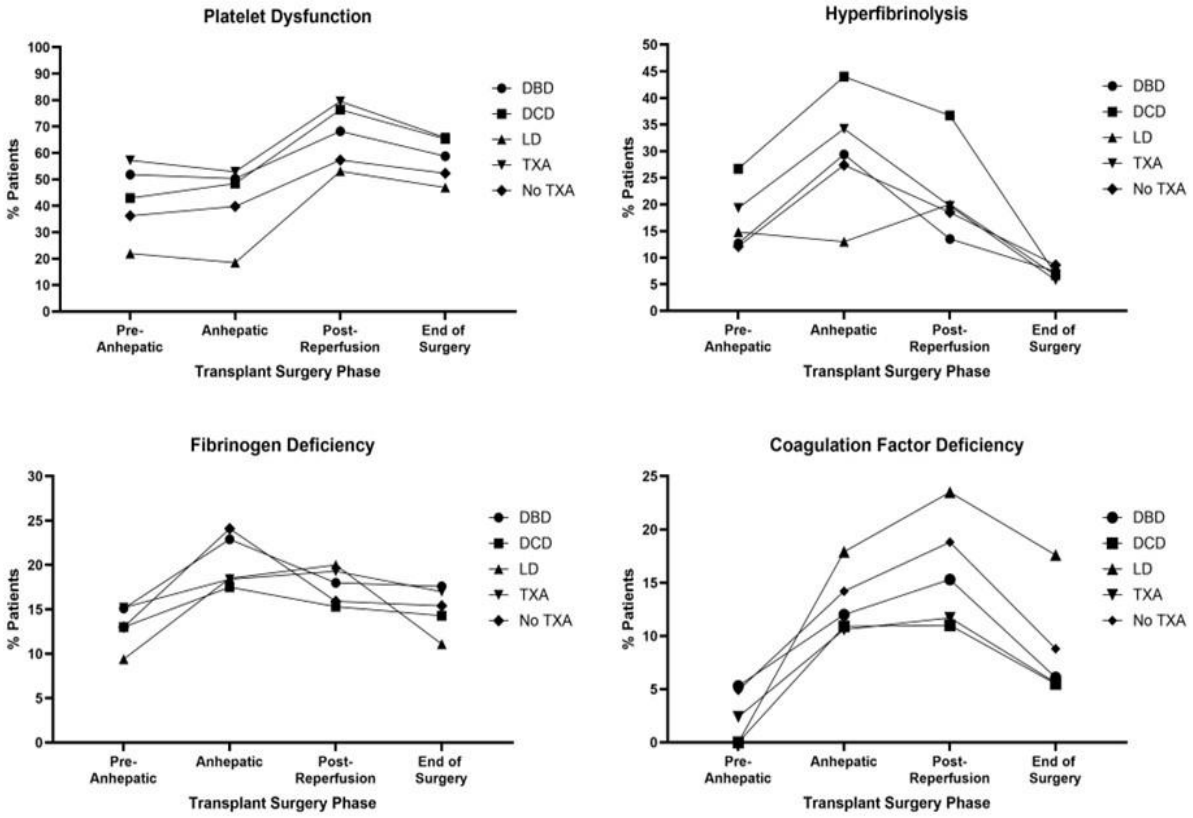
TEG Parameter	Low/Shortened	Normal range	Elevated/High/Prolonged
TEG 5000			
R, minutes	<4	4-9	>9
K, minutes	<1	1-3	>3
α-angle, degrees	<53	53-74	>74
MA, mm	<55	55-74	>74
LY30, %	NA	0-7.5	>7.5
TEG 6s			
CK R, minutes	<4.6	4.6-9.1	>9.1
CK LY30, %	NA	0-2.6	>2.6
CRT MA, mm	<52	52-69	>69
CFF MA, mm	<15	15-32	>32
CFF FLEV, mg/dL	<278	278-581	>581
Conventional tests			
Fibrinogen, mg/dL	<200	200-450	>450
INR	NA	≤1.1	>1.1
Platelets, K/μL	<150	150-450	>450
PTT, seconds	<22	22-36	>36

CFF: citrate functional fibrinogen; CFF FLEV: clot formation functional fibrinogen level; CK: kaolin-activated TEG; CRT: rapid TEG channel; INR: international normalized ratio; K: kinetics time; LY30: percent clot lysis at 30 minutes post-MA; MA: maximum amplitude; NA: not applicable; PTT: partial thromboplastin time; R: reaction time; TEG: thromboelastography.

Supplementary Table 2 Outcomes based on platelet function by the end of surgery

Outcomes	Low CRT MA or MA at the end of surgery	Normal/High CRT MA or MA at the end of surgery	*P* value
ICU length of stay, days, mean (SD)			
TEG 5000	4.2(5.9)	3.7(3.9)	0.42
TEG 6S	4.8(6.9)	12.9(50.7)	0.40
Intubated upon ICU admission, n(%)			
TEG 5000	55(59.8)	37(40.2)	0.099
TEG 6S	34(81)	8(19)	**0.048**
Mechanical ventilation duration, hours, mean (SD)			
TEG 5000	23.3(28.4)	20.3(17.8)	0.54
TEG 6S	23.1(23.1)	18.9(14.6)	0.53
ICU transfusion within 72 hours, n(%)			
TEG 5000	84(64.6)	46(35.4)	**0.000**
TEG 6S	50(78.1)	14(21.9)	**0.020**
Need for re-operation within 7 days, n (%)			
TEG 5000	9(47.4)	10(52.6)	0.592
TEG 6s	7(58.3)	5(41.7)	0.340

CRT MA: citrated rapid TEG maximum amplitude; ICU: intensive care unit; MA: maximum amplitude; TEG: thromboelastography.



Supplementary Figure 1 Distribution of patients with parameters indicating platlet dysfunction, fibrinogen deficiency, coagulation deficiency and hyperfibrinolysis. In both TEG 6S and TEG 5000 across 4 phases of liver transplant surgery, stratified by type of donor and whether they received tranexamic acid or not. Parameters trends suggest that hypocoagulability is mostly increased during the anhepatic and post-reperfusion phases, in all different stratified groups, like the general pattern observed. Abbreviations: DBD: donation after brain death; DCD: donation after circulatory death; LD: living donor; TXA: tranexamic acid.