

Pediatric Heart Transplant Study

Form 10⁹⁹: Death

ID# P

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P	Institution Code	Sequential Patient Number	Patient Initials
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Date of Death (mon-day-yr) :

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1. Primary Cause of Death (check only one):

- Early graft failure (≤ 30 days post transplant)
- Pulmonary Hypertension/RV Failure
- Rejection, hyperacute (onset < 24 hrs post transplant)
- Rejection, acute (complete from 05)
- Coronary artery disease, (infarction, arrhythmia,CHF)
- Sudden cardiac death, no MI documented
- Non-specific graft failure (> 30 days post transplant)
- Other, specify: _____
- Malignancy, non-lymphoma (complete form 08)
- Lymphoma/Lymphoproliferative disease (complete form 08)
- Pulmonary embolism
- Infection (complete form 06)
- Accidental, specify: _____
- Suicide
- Unknown

2. Contributing Cause(s) of Death (check all that apply):

- Early graft failure (≤ 30 days post transplant)
- Pulmonary Hypertension/RV Failure
- Rejection, hyperacute (onset < 24 hrs post transplant)
- Rejection, acute (complete from 05)
- Coronary artery disease, (infarction, arrhythmia,CHF)
- Sudden cardiac death, no MI documented
- Non-specific graft failure (> 30 days post transplant)
- Other, specify: _____
- Malignancy, non-lymphoma (complete form 08)
- Lymphoma/Lymphoproliferative disease (complete form 08)
- Pulmonary embolism
- Infection (complete form 06)
- Accidental, specify: _____
- Suicide
- Unknown

3a. Patient listed for re-transplantation prior to death? No Yes: **3b.** Date ReListed: ____-____-____
3c. Patient supported by VAD/TAH/ECMO at time of death? No Yes (**date placed:** __/__/__)

4. If listed for transplant at death: Status At Listing: 1 1A 1B 2 Other, Specify: ____ (verify status with OPO)

Check All Status Details That Apply Per UNOS Policy 3.7:

- Status 1A, life expect < 7days (UNOS Policy 3.7.4.f)
- In Hospital Out Hospital ICU IV Inotropes, high IV Inotropes, low Hemo Monitoring Ventilator IABP ECMO
- <6 mon old, pulmonary hypertension >50% systemic pressure <6 mon old, pulmonary hyperten <50% systemic pressure
- Growth Failure due to acquired or congenital heart disease
- VAD/TAH: Details: Date 1st Placed: ____ - ____ - ____ VAD > 30 Days with complication, specify: _____
Type: Right Left, Both, TAH Brand/Model: _____

5. If listed for transplant at death: Status At Transplant: 1 1A 1B 2 Other, Specify: __ (verify status with OPO)

Check All Status Details That Apply Per UNOS Policy 3.7:

- Status 1A, life expect < 7days (UNOS Policy 3.7.4.f)
- In Hospital Out Hospital ICU IV Inotropes, high IV Inotropes, low Hemo Monitoring Ventilator IABP ECMO
- <6 mon old, pulmonary hypertension >50% systemic pressure <6 mon old, pulmonary hyperten <50% systemic pressure
- Growth Failure due to acquired or congenital heart disease
- VAD/TAH: Details: Date 1st Placed: ____ - ____ - ____ VAD > 30 Days with complication, specify: _____
Type: Right Left, Both, TAH Brand/Model: _____

6. Post Mortem Examination (autopsy)? Yes No

- If yes: cardiac allograft pathology found (check all that apply): No Cardiac Pathology Found
- Acute rejection: (ISHLT Grade: _____) Diffuse fibrosis, no acute rejection
 - CAD, < 50 % stenosis, if so, no. vessels: ____ CAD, 50% - < 75% stenosis, if so, no. vessels: ____
 - CAD, 75% - < 100% stenosis, if so, no. vessels: ____ CAD, 100% max stenosis, if so no. vessels: ____
 - CAD, remote infarction (>1 wk) Coronary artery disease, recent infarction (≤ 1 wk)
 - Other, specify: _____

7. Comments or special circumstances surrounding death (attached copy of autopsy without name if available);

Person Completing this form: _____

Date Original Form Mailed (do not send copy): _____

PRINT IN BLACK INK ONLY: USE THIS FORM FOR ALL PATIENTS OR EVENTS FROM January 1, 1999.

2/14/99 RCB