# Pediatric Heart Transplant Study
## FORM 10$_{05}$: Death (Page 1 of 1)

ID# **P** [ ][ ][ ] [ ][ ][ ][ ] [ ][ ][ ]

| **P** | Institution Code | Sequential Patient Number | Patient Initials |
|---|---|---|---|

**1. Date of Death (mon-day-year):** [ ][ ] [ ][ ] [ ][ ]

**2. Primary Cause of Death** (check only one):

- ☐ Accidental, specify: _____
- ☐ Anoxic insult
- ☐ Cerebrovascular accident
- ☐ Coronary artery disease, (infarction, arrhythmia, CHF)
- ☐ Fatal arrhythmia
- ☐ Infection (complete Form 06)
- ☐ Lymphoma/Lymphoproliferative disease (complete Form 07)
- ☐ Malignancy, non-lymphoma (complete Form 07)
- ☐ Poor donor preservation
- ☐ Post-operative hemorrhage
- ☐ Pulmonary embolism
- ☐ Pulmonary Hypertension/RV Failure
- ☐ Rejection, acute (complete Form 05)
- ☐ Rejection, hyperacute (onset < 24 hours post transplant)
- ☐ Respiratory Failure
- ☐ Sudden cardiac death, no MI documented
- ☐ Suicide
- ☐ Unknown
- ☐ Other, specify: _____

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

- ☐ Accidental, specify: _____
- ☐ Anoxic insult
- ☐ Arrhythmia
- ☐ Cerebrovascular accident
- ☐ Coronary artery disease, (infarction, arrhythmia, CHF)
- ☐ Infection (complete Form 06)
- ☐ Lung Disease
- ☐ Lymphoma/Lymphoproliferative disease (complete Form 07)
- ☐ Malignancy, non-lymphoma (complete Form 07)
- ☐ Noncompliance
- ☐ Poor donor preservation
- ☐ Post-operative hemorrhage
- ☐ Pulmonary embolism
- ☐ Pulmonary Hypertension/RV Failure
- ☐ Rejection, acute (complete Form 05)
- ☐ Rejection, hyperacute (onset < 24 hours post transplant)
- ☐ Renal Failure
- ☐ Sudden cardiac death, no MI documented
- ☐ Suicide
- ☐ Unknown
- ☐ Other, specify: _____

**4. Patient supported by VAD/TAH/ECMO at time of death?** ☐ No ☐ Yes: If yes, date placed: __ __ - __ __ - __ __

**5a. Patient listed for re-transplanation prior to death?** **(**If no, skip to #6. If yes, specify date listed and complete 5b.)
☐ No ☐ Yes If yes, date listed: __ __ - __ __ - __ __

**5b.** If listed for transplant at death:Status **AT Death**:(Verify with OPO)☐1A ☐1B ☐2 ☐Other, Specify: ____ Canadian Status: ____

***Check All Status Details That Apply Per UNOS Policy 3.7:***

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

**6. Post Mortem Examination (autopsy)?** ☐ Yes ☐ No

If yes: cardiac pathology found (check all that apply):

- ☐ Acute rejection: (ISHLT Grade:_____)
- ☐ CAD, remote infarction (>1wk)
- ☐ Coronary artery disease, recent infarction (≤ 1 wk)
- ☐ No Cardiac Pathology Found
- ☐ Diffuse fibrosis, no acute rejection
- ☐ Graft Atherosclerosis
- ☐ Other, specify: _____

**7. Comments or special circumstances surrounding death (attach copy of autopsy and death summary with patient name, Medical Record Number and dates obliterated):**

_____

_____

_____

_____

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 AFTER JANUARY 1, 2005