Pediatric Heart Transplant Study
Form 10: Death

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

P | Institution Code | Sequential Patient Number | Patient Initials

Complete for all patients listed for transplantation at your institution. Note that some causes of death cannot apply to patients that die awaiting initial transplantation

Date of Death (mon-day-yr): [ ][ ] - [ ][ ] - [ ][ ]

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-soecific 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 or TAH at time of death? ❑ No ❑ Yes

4. Status at ReListing: (Check all that apply for each status)

❑ STATUS 1: → ❑ I.V. Inotropes ❑ IABP ❑ VAD(specify type____________ ❑R ❑L) ❑ TAH ❑ Ventilator ❑ ECMO ❑ PGE dependant ❑ Infant (< 6 months of age)

❑ STATUS 2: → ❑ In Hospital ❑ Out of Hospital ❑ On IV Inotropes

5. Status at Death: (Check all that apply for each status)

❑ STATUS 1: ❑ I.V. Inotropes ❑ IABP ❑ VAD(specify type____________ ❑R ❑L) ❑ TAH ❑ Ventilator ❑ ECMO ❑ PGE dependant ❑ Infant (< 6 months of age)

❑ STATUS 2: ❑ In Hospital ❑ Out of Hospital ❑ On IV Inotropes

6. Post Mortem Examination (autopsy)? ❑ Yes ❑ No

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

- ❑ Acute rejection: (ISHLT Grade:_________)
- ❑ CAD, < 50 % stenoses, if so, no vessels___
- ❑ CAD, 50% - < 100% stenosis, if so, no. vessels:___
- ❑ CAD, remote infarction (>1 wk)
- ❑ Other, specify:______________________
- ❑ Diffuse fibrosis, no acute rejection
- ❑ CAD, 50% - < 75% stenosis, if so, no. vessels:___
- ❑ CAD, 100% max stenosis, if so no. vessels:___
- ❑ Coronary artery diesease, recent infarction (≤ 1 wk)

7. Comments or special circumstances surrounding death:

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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, 1993.

7/17/93