Pediatric Heart Transplant Study
Form 11r: Re-Transplantation

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

P	Institution Code	Sequential Patient Number	Patient Initials

Complete for all patients re-transplanted at your institution that were entered into the PHTS.
Please use the same PHTS number as on initial PHTS Form 01.

Date of Re-transplantation (mon-day-yr): [ ][ ] – [ ][ ] – [ ][ ] Height _____ in / cm Weight _____ lb / kg

1. Primary Reason for Re-transplantation (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 post MI)
- ❑ Sudden cardiac death, no MI documented
- ❑ Non-specific graft failure (> 30 days post transplant)
- ❑ Other, specify:_____

2. Contributing Reason(s) for Re-transplantation (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 post MI)
- ❑ Sudden cardiac death, no MI documented
- ❑ Non-specific graft failure (> 30 days post transplant)
- ❑ Other, specify:_____

3. Type of Re-Transplant: ❑ Orthotopic ❑ Heterotopic

4a. Status at Re-Listing: (Check all that apply for each status) **4b. Date of ReListing:** __ __ - __ __ - __ __

❑ 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 ReTransplantation: (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. Explanted organ pathology ?: ❑ **Yes** ❑ **No**

Cardiac allograft pathology found (check all that apply):

- ❑ Acute rejection: (ISHLT Grade:_____)
- ❑ CAD, < 50 % stenoses, if so, no vessels___
- ❑ CAD, 75% - < 100% stenosis, if so, no. vessels:___
- ❑ CAD, remote infarction (>1 wk)
- ❑ 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)
- ❑ Other, specify:_____

7 Comments or special circumstances regarding re-transplantation:

_____

_____

_____

Person Completing this form:_____ Date Original Form Mailed (do not send copy):_____

PRINT IN BLACK INK ONLY: USE THIS FORM FO_ _L PATIENTS OR EVENTS FROM JULY 1, 1996.

8/1/96 RCb