

Pediatric Heart Transplant Study
FORM 11₀₅: Re-Transplantation
(Page 1 of 1)

ID# P

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P	Institution Code	Sequential Patient Number	Patient Initials
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Complete for all patients re-transplanted at your institution that were entered into the PHTS.
Please use the same PHTS number as on the initial Form 01.
COMPLETE FORMS 1T, 02, AND 03 FOR RE-TRANSPLANT. DO NOT COMPLETE FORM 01 FOR RE-TRANSPLANTATION.

1. Date of Re-transplantation:

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 (Month Day Year)

2a. Height _____ in cm
2b. Weight _____ lb kg

3. Primary Reason for Re-transplantation (check only one):

- Coronary artery disease, (infarction, arrhythmia, CHF post MI)
- Non-specific graft failure (>30 days post transplant)
- Pulmonary Hypertension/RV Failure
- Rejection, acute (complete Form 05)
- Rejection, hyperacute (onset < 24 hours post transplant)
- Sudden cardiac death, no MI documented
- Other, specify: _____

4. Contributing Reason(s) for Re-transplantation (check all that apply):

- Coronary artery disease, (infarction, arrhythmia, CHF post MI)
- Non-compliance
- Non-specific graft failure (> 30 days post transplant)
- Pulmonary Hypertension/RV Failure
- Rejection, acute (complete Form 05)
- Rejection, hyperacute (onset < 24 hours post transplant)
- Sudden cardiac death, no MI documented
- Other, specify: _____

5a. Date of Re-Listing: ____-____-____ **5b. Type of Re-Transplant**
 Orthotopic Heterotopic

6. Status AT Re-Listing: (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: ____-____-____

7. Pathology of Implanted Heart (autopsy): Yes No If yes: cardiac allograft 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: _____

8. 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 FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2005