

**PEDIATRIC HEART TRANSPLANT STUDY
PRETRANSPLANT ANNUAL FOLLOWUP
FORM - 12
January 1999**

CODE: _____/_____/_____

DATE LISTED: _____/_____/_____

HEIGHT _____ CM _____ IN

WEIGHT _____ KG _____ LB

A. CURRENT U.N.O.S. STATUS _____

FOLLOW UP DATE _____/_____/_____

B. CHANGES OF STATUS SINCE LISTING:

STATUS _____ TO STATUS _____ DATE _____/_____/_____ REASON _____

STATUS _____ TO STATUS _____ DATE _____/_____/_____ REASON _____

STATUS _____ TO STATUS _____ DATE _____/_____/_____ REASON _____

C. SURGERY AND/OR CATHETERIZATION INTERVENTION SINCE LISTING:

A. _____ DATE _____/_____/_____

B. _____ DATE _____/_____/_____

C. _____ DATE _____/_____/_____

D. _____ DATE _____/_____/_____

D. REMOVED FROM LIST: _____

DATE _____/_____/_____

REASON:

- | | |
|---------------------------------------|--------------------------------------|
| 1. CONSIDERED TOO WELL _____ | 2. PARENT/PATIENT RELUCTANCE _____ |
| 3. ALTERNATE SURGICAL TREATMENT _____ | 4. ALTERNATE MEDICAL TREATMENT _____ |
| 5. FINANCIAL _____ | 6. PSYCHOSOCIAL _____ |
| 7. CONTRAINDICATIONS _____ | |
| 8. OTHER _____ | |

E. FOLLOWED EXCLUSIVELY ELSEWHERE: _____

DATE OF TRANSFER: _____/_____/_____ NAME OF INSTITUTION: _____

F. TRANSPLANTED: _____ (COMPLETE FORMS 1T, 2, AND 3)

DATE: _____/_____/_____

G. DEATH: _____ (COMPLETE FORM 10)

DATE: _____/_____/_____

TO BE SIGNED BY PRIMARY INVESTIGATOR

DATE