

**FOLLOW-UP FORM 12  
PEDIATRIC HEART TRANSPLANT STUDY**

CODE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE LISTED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

A. CURRENT U.N.O.S. STATUS: AS AT 12/31/1994: \_\_\_\_\_

**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 \_\_\_\_\_

*ignore "D" if relisted*  
E. RELISTED: \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ STATUS: \_\_\_\_\_ REASON \_\_\_\_\_

F. FOLLOWED EXCLUSIVELY ELSEWHERE: \_\_\_\_\_

DATE OF TRANSFER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ NAME OF INSTITUTION: \_\_\_\_\_

G. TRANSPLANTED: \_\_\_\_\_ (COMPLETE FORMS 1T, 2, AND 3) DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

H. DEATH: \_\_\_\_\_ (COMPLETE FORM 10) DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I. RETRANSPLANTED: \_\_\_\_\_ (COMPLETE FORM 11) DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
TO BE SIGNED BY PRIMARY INVESTIGATOR

\_\_\_\_\_  
DATE