

PEDIATRIC HEART TRANSPLANT STUDY

FORM 14: 2010: Dialysis/Renal Transplant (PG 1 of 1)

To be filled out if patient receives any dialysis or a renal transplant while listed or post-transplant

ID#	P								
P	Institutional Code	Sequential Patient Number	Patient Initials	Tran #					

1. **Renal Transplant:** No (skip to #2) Yes (if yes, complete **a.** and **b.**)

a. Date of transplant: ____ ____ ____ (MO | DAY | YR)

b. Type of donor: Deceased Living, related Living, unrelated

2. **Dialysis:** No (skip to #3) Yes (if yes, complete **a.**, **b.** and **c.**)

a. Acute Chronic

b. Date of first dialysis related to this event report: ____ ____ ____

c. Type of dialysis: Hemodialysis Peritoneal

3. **Laboratory Values:** Date Performed (closest to initiation of dialysis or transplant) ____ ____ ____
(Print "NA" in spaces if not done)

Bili Total	Bili Direct	AST	ALT	BNP	CRP	Creat.	BUN/urea
T Protein	S Album	Cholesterol	TG	LDL	HDL	VLDL	

4. Height _____ in cm

Weight _____ lb kg

PRINT IN BLACK INK ONLY. USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2010

Person completing this form: _____

Date original form mailed (do not send copy) _____