PEDIATRIC HEART TRANSPLANT STUDY

FORM 16: 2010: **Anti-HLA Antibodies** (PG 1 of 1)

To be completed at time of transplant or death waiting (for patients with a PRA greater than 10% or a positive donor specific crossmatch)

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

1. Time of this report ☐ Transplant ☐ Death while waiting

2. Reason for report ☐ PRA > 10% ☐ Positive donor specific crossmatch

3. Pre-transplant interventions for elevated PRA

a. Did the patient receive treatment to lower or manage an elevated PRA while awaiting transplantation?

☐ No (skip to #2) ☐ Yes (if yes, complete **b.** and **c.**)

b. Which therapy was administered?

	Frequency			Duration
☐ Immunoglobulin	☐ Daily	☐ Weekly	☐ Monthly	_____
☐ MMF (Cellcept, Myfortic)	☐ Daily	☐ Weekly	☐ Monthly	_____
☐ Azathioprine (Imuran)	☐ Daily	☐ Weekly	☐ Monthly	_____
☐ Plasmapheresis	☐ Daily	☐ Weekly	☐ Monthly	_____
☐ Cytoxan	☐ Daily	☐ Weekly	☐ Monthly	_____
☐ Other: _____	☐ Daily	☐ Weekly	☐ Monthly	_____

c. How long was therapy administered?

i. ☐ Until heart transplantation, regardless of subsequent PRA levels

ii. ☐ Until PRA level reduced below prespecified number, specify: _____

iii. ☐ Until PRA level reduced to 0%

iv. ☐ For a prespecified time only, specify: _____

4. Peri-operative management for elevated PRA

a. Was prophylactic plasmapheresis performed in the peri-operative period? ☐ Yes ☐ No

b. If yes, was this performed during cardiopulmonary bypass? ☐ Yes ☐ No

c. If yes, was this performed in the immediate post-operative period? ☐ Yes ☐ No

If yes, how many cycles: _____

d. Were additional therapies, not routinely administered to post-transplant patients, given to this patient:

☐ Yes ☐ No

If yes: ☐ Immunoglobulin

☐ MMF (Cellcept, Myfortic)

☐ Azathioprine (Imuran)

☐ Plasmapheresis

☐ Cytoxan

☐ Other: _____

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, 2010