

Pediatric Heart Transplant Study

Form 1T99: Transplant Information

ID# P

P Institution Code Sequential Patient Number Patient Initials

4. Date of Tx:

7a. Type of Transplant:
 Orthotopic Heterotopic

7b. At Transplant:
 Height: _____ in/cm Weight: _____ lb/kg

13. Status At Transplant: 1 1A 1B 2 Other, Specify: _____ (verify status with OPO)

Check All Status Details That Apply Per UNOS Policy 3.7:

- Status 1A, life expect < 7days (UNOS Policy 3.7.4.f)
- In Hospital Out Hospital ICU IV Inotropes, high IV Inotropes, low Hemo Monitoring Ventilator IABP ECMO
- <6 mon old, pulmonary hypertension >50% systemic pressure <6 mon old, pulmonary hyperten <50% systemic pressure
- Growth Failure due to acquired or congenital heart disease
- VAD/TAH: Details: Date 1st Placed: ____ - ____ - ____ VAD > 30 Days with complication, specify: _____
 Type: Right Left, Both, TAH Brand/Model: _____

17a. Donor Specific Crossmatch: Negative Positive Not Done 17b. Prospective Crossmatch: Yes No

18. Percent Reactive Antibody (closest to transplant):

18a. Cytotoxic PRA: _____% T _____% B _____% Date: ____-____-____ Not Done

18b. Cytotoxic PRA, DTE/DTT: _____% T _____% B _____% Date: ____-____-____ Not Done

20. Immunizations given within 1 month of transplant:

- DPT IPV Hib Varicella Influenza OPV MMR HepB

21c. Labs Closest to Transplant: Creatinine: _____ mg/dl IU/L Serum Albumin: _____
 BUN: _____ mg/dl IU/L Total Protein: _____

25. Hemodynamics (at transplant, if repeated since listing):

	Initial	Best
RAm		
PAs		
PAd		
PAm		
PCW		
C.O.		
C.I.		
H.R.		
Aos		
Aod		
Aom		
Qp/Qs		
Rp		
Rs		
Date: _____		

No new data since listing.

Height: _____ in/cm
 Weight: _____ lb/kg

Indicate agents for best hemodynamics:

- 100% O2
- Dopamine
- Dobutamine
- Isoproterenol (Isuprel)
- PGE
- Nitroglycerine
- Nitroprusside (Nipride)
- Others, specify: _____

26. Restriction at Interatrial Foramen:

(for Hypoplastic Left Heart)

- Yes No Date Dx:
- < 3mm IA foramen (2d or color)
- Restriction confirmed/dx at transplant
- Doppler Vel: ____ m/sec across foramen
- IA Foramen Surgery
- Catheter Interventions:
- Ductal Stent:
- Septostomy
- Balloon Dil. of IAS

27. Recipient on Inotropes/Pressors at time of transplant? Yes No

If yes, please specify with doses:

AGENTS:	Dose/Units	AGENTS:	Dose/Units

28. Transplant Number at Your Institution (sequential number from start of your program): _____

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, 1999.