

Pediatric Heart Transplant Study

FORM 01T:05: Transplant Information

(Page 1 of 1)

ID# P

P	Institution Code	Sequential Patient Number	Patient Initials
----------	------------------	---------------------------	------------------

1. Date of Transplant: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2a. Type of Transplant: <input type="checkbox"/> Orthotopic <input type="checkbox"/> Heterotopic	2b. At Transplant: Height _____ <input type="checkbox"/> in <input type="checkbox"/> cm Weight _____ <input type="checkbox"/> lb <input type="checkbox"/> kg
--	--	---

3. Status AT Transplant: (Verify with OPO) 1A 1B 2 Other, Specify: _____ Canadian Status: _____

Check All Status Details That Apply Per UNOS Policy 3.7 or 1/20/99:

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

4. HLA Allotype N/A A A B B DR DR

5a. Donor Specific Crossmatch: Negative Positive Not Done **5b. Prospective Crossmatch:** Yes No

5c. B-Cell Method: _____ Not Done T-Cell, Method: _____ Not Done

6. Percent or Panel Reactive Antibody Screening and method (closest to transplant):

6a. Cytotoxic PRA: _____%	Class I _____%	Class II _____%	Date: ____-____-____	<input type="checkbox"/> Not Done
6b. Cytotoxic PRA, DTE/DTT: _____%	Class I _____%	Class II _____%	Date: ____-____-____	<input type="checkbox"/> Not Done
6c. Flow Cytometry PRA: _____%	Class I _____%	Class II _____%	Date: ____-____-____	<input type="checkbox"/> Not Done
6d. ELISA: _____%	Class I _____%	Class II _____%	Date: ____-____-____	<input type="checkbox"/> Not Done
6e. Other PRA: _____%	Class I _____%	Class II _____%	Date: ____-____-____	<input type="checkbox"/> Not Done

7. Labs Closest to Transplant:

Creatinine: _____ mg/dl IU/L	Serum Albumin: _____
BUN: _____ mg/dl IU/L	Total Protein: _____
Liver Function Tests: Bilirubin (total/direct) _____	AST: _____ ALT: _____

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

No new data since listing

Indicate agents for best Hemodynamics:

- None
- 100% O2
- Dopamine
- Dobutamine
- Amrinone (Inocor)
- Milrinone (Primacor)
- Isoproterenol (Isuprel)
- PGE (Alprostadiil)
- PGI (Flolan)
- Nesiritide
- Nitroglycerine
- Nitroprusside (Nipride)
- Nitric Oxide
- Others, specify: _____

	Best
RAm	
PAm	
PCW	
C.O.	
C.I.	
Qp/Qs	
Rp	
Rs	
AO Sat	
Date: _____-_____-_____	

9. Catheter/Surgical Interventions Performed while listed:

None

Norwood procedure

Stent, Location _____

Septostomy

Balloon dilation

Other, Specify _____

10. Recipient on Inotropes/Pressors at time of transplant? Yes No If yes, please specify with doses:

AGENTS:	Dose/Units

AGENTS:	Dose/Units

11. Cardiopulmonary bypass time _____ minutes

12. Total donor ischemic time _____ minutes

13. Technique of transplant: (check one)
 Bicaval Atrial

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, 2005