

PEDIATRIC HEART TRANSPLANT STUDY

FORM 01T: 2010: Transplant Information (PG 1 of 1)

To be filled out at time of transplant

ID# P

P	Institutional Code	Sequential Patient Number	Patient Initials	Tran #
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1. Date of Transplant:
(MO | DAY | YR)

3. Simultaneous organ: None
 kidney liver other, specify _____

2. Type of Transplant: Orthotopic Heterotopic

4. Height _____ in cm Weight _____ lb kg

5. Status at Transplant:

US 1A 1B 2
 Other _____
 Canada _____
 UK _____
 Other _____
ABO incompatible: No Yes

Check All Status Details That Apply Per UNOS Policy 3.7 on 11/17/2009:

Status 1A, life expect <14 days <6 mon old, pulmonary hypertension >50% systemic pressure
 In Hospital <6 mon old, pulmonary hypertension <50% systemic pressure
 Out Hospital Growth failure due to acquired or congenital heart disease
 ICU
 IV Inotropes, high
 IV Inotropes, low
 Hemo Monitoring
 Ventilator
IF IABP VAD ECMO TAH, complete Mechanical Support Form (Form 15)

6. HLA Allotype: NA

A	A	B	B	DR	DR
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7a. Donor Specific Crossmatch: Not Done Negative Positive (if positive, please fill out Form 16: Anti-HLA Antibodies)

7b. Prospective Crossmatch: No Yes 7c. B-Cell Method _____ Not Done T-Cell Method _____ Not Done

8. Percent or Panel Reactive Antibody (closest to transplant): PRA, AHG_Enhanced: Yes No Unknown

8a. Cytotoxic PRA: Not Done T Cell _____ % B Cell _____ % Date: _____

8b. Cytotoxic PRA, DTE/DTT: Not Done T Cell _____ % B Cell _____ % Date: _____

8c. Flow PRA/Luminex: Not Done Class I _____ % Class II _____ % Date: _____

8d. ELISA: Not Done Class I _____ % Class II _____ % Date: _____

8e. Other: Specify Results, Methods and Units _____ Date: _____

8f. Specificities: Not Done A _____ B _____ DR _____

Method used for specificities: Cytotoxic PRA Single Antigen Beads Date: _____

8g. DSA: No Yes If yes, specify _____

9. Laboratory Values: Date Performed (closest to 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	

10a. Best Hemodynamics closest to transplant (Date _____):

Ram _____ Rp _____
PAm _____ Rs _____
PCW _____ AO Sat _____
C.O. _____ EDP _____
C.I. _____ SVC Sat _____
Qp/Qs _____ No new data since listing

10b. Indicate agents for best hemodynamics

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

11. Catheter/Surgical Interventions Performed while listed: None Norwood procedure Defibrillator
 Stent, location _____ Septostomy Balloon dilation Pacemaker Other, specify _____

12. Recipient on Inotropes, Pressors, or Thyroid Hormones at time of transplant?

12a. T3 Yes No 12f. Vasopressin Yes No 12i. Neosynephrine Yes No

12b. T4 Yes No 12g. Levophed Yes No 12j. Other _____

12c. EPI Yes No 12h. Milrinone Yes No

12d. Dopamine: None < 10 mcg 10-20 mcg > 20 mcg Unknown

12e. Dobutamine: None < 10 mcg 10-20 mcg > 20 mcg Unknown

13. Cardiopulmonary bypass time _____ min.

14. Total donor ischemic time _____ min.

15. Technique of transplant:

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, 2010