Pediatric Heart Transplant Study
Form 02r: Donor

ID# P | | | | | | | | | | | |

P	Institution Code	Sequential Patient Number	Patient Initials

1. Age: _____ days/mon/yrs and/or Date of Birth: __ __ - __ __ - __ __ (month) (day) (year) (circle one)

2. Sex: ❑ Male ❑ Female

3. Race: ❑ White ❑ Black ❑ American Indian/Alaskan Native ❑ Asian ❑ Pacific Islander ❑ Mid-east/Arabian
(see manual) ❑ Indian Subcontinant ❑ Other(specify):_____ Hispanic Origin: ❑ Yes ❑ No

4. Height: _____ in / cm

5. Weight: _____ lb / kg

6a. Cause of Death (check one):
- ❑ Anoxia
- ❑ Cerebrovascular
- ❑ Head Trauma
- ❑ CNS Tumor
- ❑ Domino Heart
- ❑ Other (specify)_____

6b. Mechanism of Death (check one): ❑ not applicable
- ❑ Asphyxiation
- ❑ Blunt Injury
- ❑ Cardiovascular
- ❑ Drowning
- ❑ Drug Intoxication
- ❑ Electrical
- ❑ Gunshot Wound
- ❑ Seizure
- ❑ Stab
- ❑ Sudden Infant Death
- ❑ CNS Infection
- ❑ Other (specify:_____

6c. Circumstances of Death(one)
- ❑ Motor Vehicle Accident
- ❑ Alleged Suicide
- ❑ Alleged Homicide
- ❑ Alleged Child Abuse
- ❑ Non-Motor Vehicle Accident
- ❑ Other (specify)_____

7. Chest Compressions (CPR): ❑ Yes ❑ No

8. Blood Type, Donor: ❑ A ❑ B ❑ AB ❑ O 9. Rh: ❑ Pos ❑ Neg

10. HLA Allotype ❑ N/A	A	A	B	B	DR	DR

11. Donor Past Medical History (check all that are known):
- ❑ Hypertension
- ❑ Diabetes: If so, on insulin ❑ Yes ❑ No
- type/location:_____
- ❑ Mitral Valve Prolapse
- ❑ History of Cancer: specify

12. Pre Transplant Coronary Angiograms: ❑ Yes ❑ No

13. Pre-Transplant Echocardiogram: ❑ Yes ❑ No (if yes, complete section below, check all that apply):
- ❑ Normal
- ❑ Abnormal
- ❑ Abnormal Septal Motion
- ❑ Diffuse Wall Motion Abnormality
- ❑ Focal Wall Motion Abnormality(s)
- ❑ Mitral Regurgitation (> mild)
- ❑ Tricuspid Regurgitation (> mild)
- Fractional Shortening: _____%
- Estimated LV Eject Fract. _____%

14. Serologies								
General	HTLVIII: ❑Pos ❑Neg ❑NA	IFA Toxo: ❑Pos ❑Neg ❑NA	RPR: ❑Pos ❑Neg ❑NA	Hepatitis	HBs Ag ❑Pos ❑Neg ❑NA	HBs Ab ❑Pos ❑Neg ❑NA	HB core Ab ❑Pos ❑Neg ❑NA
	CMV: ❑Pos ❑Neg ❑NA	Herpes: ❑Pos ❑Neg ❑NA	EBV: ❑Pos ❑Neg ❑NA		HepA IgM ❑Pos ❑Neg ❑NA	HepA IGG ❑Pos ❑Neg ❑NA	Hep C Ab ❑Pos ❑Neg ❑NA

15a. Ischemic Time: _____ min

15b . Circulatory Arrest Time: _____ min

16. Cardioplegia/Myocardial Protection (donor):
❑ Belzer ❑ U. of Wisconsin ❑ Collins ❑ Roes
❑ Other (specify):_____

17. Donor on Inotropes/Pressors/Thyroid Hormones (T3, T4)/Glucagon at time of recovery/harvest? ❑ Yes ❑ No
If yes, please specify with doses:

AGENTS:	Dose/Units	AGENTS:	Dose/Units

Person Completing this form:_____

Date Original Form Mailed (do not send copy):_____

PRINT IN BLACK INK ONLY: USE THIS FORM FOR PATIENTS OR EVENTS FROM JULY 1, 1996.

8/1/96 RC