Pediatric Heart Transplant Study
Form 02$_{99}$: Donor

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

P	Institution Code	Sequential Patient Number	Patient Initials

1. Age: _____ days/mon/yrs (circle one) Date of Birth: __ __ - __ __ - __ __ (month) (day) (year) | 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 ❑ Gunshot Wound
❑ Blunt Injury ❑ Seizure
❑ Cardiovascular ❑ Stab
❑ Drowning ❑ Sudden Infant Death
❑ Drug Intoxication ❑ CNS Infection
❑ Electrical ❑ Other

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 ❑ Mitral Valve Prolapse
❑ Diabetes: If so, on insulin ❑ Yes ❑ No ❑ History of Cancer: specify type/location:_____
❑ Cancer at time of procurement: if so,check location: ❑ Intracranial ❑ Extracranial ❑ Skin ❑ Unknown

12. Pre Transplant Coronary Angiograms: ❑ Yes ❑ No

13. Pre-Transplant Echocardiogram: ❑ Yes ❑ No (if yes, complete section below, check all that apply):

❑ Normal ❑ Diffuse Wall Motion Abnormality ❑ Tricuspid Regurgitation (> mild)
❑ Abnormal ❑ Focal Wall Motion Abnormality(s) Fractional Shortening: _____%
❑ Abnormal Septal Motion ❑ Mitral Regurgitation (> mild) Estimated LV Eject Fract. _____%

14. Serologies	General				Hepatitis			
	HTLVIII: ❑Pos ❑Neg ❑NA	IFA Toxo: ❑Pos ❑Neg ❑NA	RPR: ❑Pos ❑Neg ❑NA		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		Hep**A** IgM ❑Pos ❑Neg ❑NA	Hep**A** 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 ❑ Celsior ❑ Stanford
❑ 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 ALL PATIENTS OR EVENTS FROM January 1, 1999.

2/14/99 RCB