Pediatric Heart Transplant Study

FORM 02$_{05}$: Donor (Page 1 of 1)

ID# **P** ☐☐☐ ☐☐☐☐ ☐☐☐

P	Institution Code	Sequential Patient Number	Patient Initials

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

2. Sex: ☐ Male ☐ Female

3a. Donor Race: (See Manual, check all that apply) ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian ☐ Pacific Islander ☐ Mid-east/Arabian ☐ Indian Subcontinent ☐ Other (specify):_____

3b. Hispanic Origin: ☐ Yes ☐ No

4. Donor Height: _____ ☐ in ☐ cm

5. Donor Weight: _____ ☐ lb ☐ kg

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

6b. Mechanism of Death (check one):
☐ Asphyxiation
☐ Blunt Injury
☐ Cardiovascular
☐ CNS Infection
☐ Drowning
☐ Drug Intoxication
☐ Electrical
☐ Gunshot Wound
☐ Seizure
☐ Stab
☐ Sudden Infant Death
☐ Other _____

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

7a. Chest Compressions (CPR): ☐ Yes ☐ No

7b. Duration of Cardiac Arrest: _____ minutes

8. Donor Blood Type: ☐ A ☐ B ☐ AB ☐ O

9. Rh: ☐ Pos ☐ Neg

10. Donor 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
☐ Mitral Valve Prolapse
☐ Infection, specify: _____
☐ History of Cancer: specify type/location: _____
☐ Cancer at time of procurement, location: _____

12. Pre-Transplant Donor 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: _____% ☐ NA
☐ Estimated LV Eject Fraction: _____% ☐ NA

13. Pre-Transplant Angiogram:
☐ Yes ☐ No If yes, ☐ Normal ☐ Abnormal If Abnormal, specify _____

14. Donor Serologies							
General	HIV: ☐Pos ☐Neg ☐NA	IFA Toxo: ☐Pos ☐Neg ☐NA	RPR: ☐Pos ☐Neg ☐NA	Hepatitis	HBs Ag: ☐Pos ☐Neg ☐NA	HBs Ab ☐Pos ☐Neg ☐NA
	CMV IgG: ☐Pos ☐Neg ☐NA	EBV IgG: ☐Pos ☐Neg ☐NA			HB core Ab ☐Pos ☐Neg ☐NA	Hep C Ab ☐Pos ☐Neg ☐NA

15. Cardioplegia/Myocardial Protection (donor):
☐ Belzer ☐ Univ of Wisconsin ☐ Collins ☐ Roes ☐ Celsior ☐ Stanford ☐ Other, specify _____

16. 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 AFTER JANUARY 1.2005