Pediatric Heart Transplant Study
Form 02: Donor

ID# P			
P	Institution Code	Sequential Patient Number	Patient Initials

1. Age: ______ days/mon/yrs and/or Date of Birth: __ __ - __ __ - __ __
2. Sex: ❑ Male ❑ Female

3. Race: ❑ Caucasian ❑ Black ❑ Indian/Eskimo ❑ Hispanic ❑ Oriental/Pacific ❑ Mideast/Arabian ❑ Indian subcontinent ❑ Other (specify): ____________________

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
❑ Cancer at time of procurement: if so,check location: ❑ Intracranial ❑ Extracranial ❑ Skin ❑ Unknown
❑ Mitral Valve Prolapse
❑ History of Cancer: specify type/location:____________

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 ❑
	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 ❑

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 JANUARY 1, 1993.

7/11/93