

PRINT IN BLACK INK ONLY: USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2005

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Pediatric Heart Transplant Study
FORM 0305: Initial Immunosuppression & Antibiotics
 (Page 1 of 1)

P	Institution Code	Sequential Patient Number	Patient Initials
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COMPLETE AT 30 DAYS POST TRANSPLANT.

A. Initial Immunosuppression:

1. Induction Therapy (cytolytic therapy soon after transplant not used to specifically treat known rejection)

Yes (if yes, complete this section) No (if no, skip to number 2)
 Specifics of Induction; Indicate any dose or agent change on a new line:

AGENT*	Start Date	Stop Date
	___-___-___	___-___-___
	___-___-___	___-___-___
	___-___-___	___-___-___
	___-___-___	___-___-___

***Induction Agents:**
OKT3
ALG
ATG.
Simulect (Basiliximab)
Xenopax (Daclizumab)

If other, please specify.

2. Azathioprine (Imuran): Yes No Total dose at 30 days post transplant _____ mg/per day PO IV
 If yes, Date first post-op dose: ___-___-___

3. Cyclosporine: Yes No Total dose at 30 days post transplant _____ mg/per day PO IV
 If yes, Date first post-op dose: ___-___-___

4. Mycophenolate (Cellcept): Yes No Total dose at 30 days post transplant _____ mg/per day PO IV
 If yes, Date first post-op dose: ___-___-___

5. Sirolimus (Rapamycin): Yes No Total dose at 30 days post transplant _____ mg/per day PO IV
 If yes, Date first post-op dose: ___-___-___

6. Tacrolimus (Prograf, FK506): Yes No Total dose at 30 days post transplant _____ mg/per day PO IV
 If yes, Date first post-op dose: ___-___-___

7. Steroids: Pre-Operative: Yes No
 Intra-Operative: Yes No
 Post-Operative: Start Date: ___-___-___ (first post op dose)
 At 30 Days: _____ mg PO IV (total dose that day)
 Type at 30 days: Prednisone Prednisolone Solumedrol
 Maintenance steroids: Yes No, if No, end date for steroid use: ___-___-___

8. Other Immunosuppression: Yes No (If yes, specify: _____)
 If yes, Date First Post Op Dose: ___-___-___

9. List and describe any unusual pre-op or early (1st 30 days) immunosuppression or procedures (including plasmapheresis, photopheresis, immunoabsorption, or radiation (TLI) with dates:

B. Prophylactic Antibiotics/Antivirals started Pre-op through 30 days post op:

10. Infection Prophylaxis: started during first 30 days post transplant (not used to treat a known infection):

- Acyclovir (Zovirax)
- Antifungal therapy, specify: _____
- Cytogam
- Ganciclovir or Valganciclovir
- Immune Globulin
- Trimethoprim/sulfa
- Other, specify: _____

11. Date of Hospital Discharge: ___-___-___

Person Completing this form: _____

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