

PRINT IN BLACK INK ONLY: USE THIS FORM FOR ALL PATIENTS OR EVENTS AFTER JANUARY 1, 2005 (Rev. 10/28/05)

Pediatric Heart Transplant Study

FORM 0405: Coronary Angiogram (Page 1 of 1)

ID# P

P Institution Code Sequential Patient Number Patient Initials

1. Date of Angiogram or Evaluation: _____ - _____ - _____
mon day year

2. Intravascular Ultrasound Performed: Yes No
If yes, check vessel(s) studied: L Main LAD LCX RCA
Stanford Score: _____ Stanford Score Not Done

3. Indication for Angiogram (check only one):

Research Protocol Routine, per established protocol (i.e. "yearly" evaluation)
 Objective evidence of graft dysfunction/CAD Follow-up from PTCA/Revascularization
 Non-invasive test prior to this date indicated coronary disease, specify test _____
 Angio NOT DONE: Non-invasive test performed, specify: _____

4. Left ventricular function evaluation (nearest to coronary angiogram):

a. Date of study: _____ - _____ - _____ None performed within 30 days of angiograms (skip to #6)
b. Method: Radionuclide angiogram (MUGA) Contrast ventriculogram MRI Echocardiogram (only if others not done)
c. Left Ventricular Ejection Fraction: _____% Echo Shortening Fraction (if measured): _____%
d. Wall Motion (check all that apply): Not interpreted for wall motion abnormalities (skip to # 6)
 Normal (skip to number 6)
 Hypokinesis: → 1 segment or wall > 1 segment or wall diffuse
 Akinesis: → 1 segment or wall > 1 segment or wall diffuse
 Dyskinesis: → 1 segment or wall > 1 segment or wall diffuse

5. Dobutamine Stress Echo (if done): Date: _____ - _____ - _____, Maximum Dobutamine Dose: _____ mcg/kg/min
Baseline: Normal Hypokinesis (1 seg, > 1seg, diffuse), Akinesis/dyskinesis (1 seg, > 1seg, diffuse)
Stress: Normal New hypokinesis (1 seg, > 1seg, diffuse), New Akinesis/dyskinesis (1 seg, > 1seg, diffuse)
Maximum Heart Rate Achieved: _____ LV Dilatation with Stress: Yes No

6. Angiography:

a. Injection sites (check all that apply): Left Ventricle Selective Left Coronary Aorta Selective Right Coronary
b. Dominance: Right Left Co-dominant (must be indicated, cannot change in the same heart)
c. Method of Interpretation: Visual Estimate Caliper Computer Assisted (specify system): _____
d. Pre-angiogram nitroglycerin: Yes No

7. Results: a. Normal (all arteries visualized), skip the remainder of this form Abnormal (complete form)
b. If LV or aorta injection only: Left Main stenosis LAD stenosis RCA stenosis LCx stenosis
c. Selective Coronary Angiogram (place "X" in appropriate check box indicating findings for each artery/segment*):

	L Main	LAD	LCx	RCA	PDA
Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Visualized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absent (congenital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mild Stenosis (0 to 50%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Stenosis (51% to 70%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Stenosis (71% to 100%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ectasia (If yes, check box)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe distal pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* **L Main** = Left main coronary artery **LAD** = Left anterior descending **LCx** = Left Circumflex;
RCA = Right coronary artery **PDA** = posterior descending

Person Completing This Form: _____

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