

PEDIATRIC HEART TRANSPLANT STUDY

FORM 04: 2010: Coronary Evaluation (PG 1 of 1)

To be filled out post-transplant at the time of each procedure or at least annually.
If more than one of the same procedure in one year, fill out a separate Form 4.

ID#	P								
P	Institutional Code	Sequential Patient Number	Patient Initials	Tran #					

1. **Date of Angiogram or Evaluation:**
(MO | DAY | YR)

2. **Indication for Angiogram:** (check one only)
- | | |
|---|---|
| <input type="checkbox"/> Research Protocol | <input type="checkbox"/> Routine, per established protocol (i.e. "yearly" evaluation) |
| <input type="checkbox"/> Objective evidence of graft dysfunction/CAD | <input type="checkbox"/> Follow-up from PTCA/Revascularization |
| <input type="checkbox"/> Non-invasive test prior to this date indicated coronary disease, specify test: _____ | <input type="checkbox"/> Symptoms (suggesting CHF or angina equivalent) |
| <input type="checkbox"/> Angio NOT DONE: Non-invasive test performed, specify: _____ | |

3. **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

4. **Angiography Results:**

a. Normal (all arteries visualized) Abnormal

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

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

6. **Left Ventricular Function Evaluation** (nearest to coronary angiogram):
- a. Date of study: ___ ___ ___ None performed within 30 days of angiograms (**skip to # 7**)
- 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
- | | | | | |
|---------------------------------------|---|--|--|----------------------------------|
| <input type="checkbox"/> Normal | | | | |
| <input type="checkbox"/> Hypokinesis: | → | <input type="checkbox"/> 1 segment or wall | <input type="checkbox"/> > 1 segment or wall | <input type="checkbox"/> diffuse |
| <input type="checkbox"/> Akinesis: | → | <input type="checkbox"/> 1 segment or wall | <input type="checkbox"/> > 1 segment or wall | <input type="checkbox"/> diffuse |
| <input type="checkbox"/> Dyskinesis: | → | <input type="checkbox"/> 1 segment or wall | <input type="checkbox"/> > 1 segment or wall | <input type="checkbox"/> diffuse |

7. **Dobutamine or Exercise Stress Echo:** Not Done
- Date: ___ ___ ___ Max. Dobutamine Dose _____ mcg kg min
- Baseline: Normal Hypokinesis (1seg, >1seg, diffuse), Akinesis/dyskinesis (1seg, >1seg, diffuse)
- Stress: Normal New Hypokinesis (1seg, >1seg, diffuse), New Akinesis/dyskinesis (1seg, >1seg, diffuse)
- Max. Heart Rate Achieved: _____ LV Dilatation with Stress: Yes No

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, 2010