

Pediatric Heart Transplant Study

Form 04: Coronary Angiography or PTCA

| | | | | | |
|-------|----------------------|---------------------------|----------------------|----------------------|----------------------|
| ID# P | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| P | Institution Code | Sequential Patient Number | Patient Initials | | |

1. Date of Angiograms: --

2. Indication for Angiograms (check only one):

| | |
|---|---|
| <input type="checkbox"/> Routine, per established protocol | <input type="checkbox"/> Research Protocol |
| <input type="checkbox"/> Objective evidence of graft dysfunction | <input type="checkbox"/> Symptoms (suggesting CHF or angina equivalent) |
| <input type="checkbox"/> Non-invasive test indicative of coronary disease, (Specify test: _____) | |
| <input type="checkbox"/> Pre PTCA or for PTCA followup | |
| <input type="checkbox"/> Performance of PTCA (if PTCA, list pre-PTCA angio results on separate form with same date) | |

3. Left ventricular function evaluation (nearest to coronary angiograms):

a. Date of study: ____ - ____ - ____ None performed within 30 days of angiograms (skip to #4)

b. Method: Radionuclide angiogram Contrast ventriculogram Echocardiogram (only if others not performed)

c. Left Ventricular Ejection Fraction: ____ %

d. Wall Motion (check all that apply):

| | |
|--|---|
| <input type="checkbox"/> Normal (skip to number 4) | <input type="checkbox"/> Not interpreted for wall motion abnormalities (skip to number 4) |
| <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 | |

4. Angiography:

a. Injection sites (check all that apply): Left Ventricle Aorta
 Selective Left Coronary Selective right coronary

b. Dominance: Right Left Co-dominant

c. Method of Interpretation: Visual Estimate Caliper Computer Assisted (specify system): _____

5. 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 Angiograms (place "X" in appropriate check box indicating findings for each artery/segment*):

| | L Main | LAD | D1 | D2 | D3 | LCx | M1 | M2 | M3 | RCA | PDA | PLSA | PLB |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Normal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximal (or entire segment): | | | | | | | | | | | | | |
| < 50% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50-70% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70-99% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100% | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mid: | | | | | | | | | | | | | |
| < 50% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50-70% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70-99% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Distal | | | | | | | | | | | | | |
| < 50% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50-70% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70-99% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100% | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diffuse Narrowing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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; D1-3 = diagonals 1-3; LCx=left circumflex; M1-3=marginals 1-3; RCA = Right coronary artery; PDA = posterior descending; PLSA = posterior lateral segment artery; PLB = branch of the PLSA.

PRINT IN BLACK INK ONLY: USE THIS FORM FOR ALL PATIENTS OR EVENTS FROM JANUARY 1, 1993. 6/25/93

Person Completing this form: _____ Date Original Form Mailed (do not send copy): _____