PEDIATRIC HEART TRANSPLANT STUDY

FORM 01T: 2010: **Transplant Information** (PG 1 of 1)
To be filled out at time of transplant

ID# **P** ☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐

P | Instituitional Code | Sequential Patient Number | Patient Initials | Tran #

1. Date of Transplant: (MO | DAY | YR) ☐☐ ☐☐ ☐☐

2. Type of Transplant: ☐ Orthotopic ☐ Heterotopic

3. Simultaneous organ: ☐ None
☐ kidney ☐ liver ☐ other, specify _____

4. Height _____ ☐ in ☐ cm **Weight** _____ ☐ lb ☐ kg

5. Status at Transplant:
☐ US ☐ 1A ☐ 1B ☐ 2
☐ Other _____
☐ Canada _____
☐ UK _____
☐ Other _____
ABO incompatible: ☐ No ☐ Yes

Check All Status Details That Apply Per UNOS Policy 3.7 on 11/17/2009:
☐ Status 1A, life expect <14 days
☐ In Hospital
☐ Out Hospital
☐ ICU
☐ IV Inotropes, high
☐ IV Inotropes, low
☐ Hemo Monitoring
☐ Ventilator
☐ <6 mon old, pulmonary hypertension >50% systemic pressure
☐ <6 mon old, pulmonary hypertension <50% systemic pressure
☐ Growth failure due to acquired or congenital heart disease
If IABP VAD ECMO TAH, complete Mechanical Support Form (Form 15)

6. HLA Allotype: ☐ NA	A	A	B	B	DR	DR

7a. Donor Specific Crossmatch: ☐ Not Done ☐ Negative ☐ Positive **(if positive, please fill out Form 16: Anti-HLA Antibodies)**
7b. Prospective Crossmatch: ☐ No ☐ Yes **7c.** ☐ B-Cell Method _____ ☐ Not Done ☐ T-Cell Method _____ ☐ Not Done

8. Percent or Panel Reactive Antibody (closest to transplant)**:** PRA, AHG_Enhanced: ☐ Yes ☐ No ☐ Unknown

8a. Cytotoxic PRA:	☐ Not Done	T Cell _____ %	B Cell _____ %	Date: ___ ___ ___
8b. Cytotoxic PRA, DTE/DTT:	☐ Not Done	T Cell _____ %	B Cell _____ %	Date: ___ ___ ___
8c. Flow PRA/Luminex:	☐ Not Done	Class I _____ %	Class II _____ %	Date: ___ ___ ___
8d. ELISA:	☐ Not Done	Class I _____ %	Class II _____ %	Date: ___ ___ ___
8e. Other: Specify Results, Methods and Units	☐ Not Done	_____		Date: ___ ___ ___

8f. Specificities: ☐ Not Done A _____ B _____ DR _____
Method used for specificities: ☐ Cytotoxic PRA ☐ Single Antigen Beads Date: ___ ___ ___

8g. DSA: ☐ No ☐ Yes **If yes, specify** _____

9. Laboratory Values: Date Performed (closest to transplant) ___ ___ ___ (Print "NA" in spaces if not done)

Bili Total	Bili Direct	AST	ALT	BNP	CRP	Creat.	BUN/urea
T Protein	**S Album**	**Cholesterol**	**TG**	**LDL**	**HDL**	**VLDL**	

10a. Best Hemodynamics closest to transplant (Date ___ ___ ___):
Ram _____ Rp _____
PAm _____ Rs _____
PCW _____ AO Sat _____
C.O. _____ EDP _____
C.I. _____ SVC Sat _____
Qp/Qs _____ ☐ No new data since listing

10b. Indicate agents for best hemodynamics
☐ None
☐ 100% O_2
☐ Dopamine
☐ Dobutamine
☐ Milrinone (Primacor)
☐ Isoproterenol (Isuprel)
☐ PGE (Alprostadil)
☐ PGI (Flolan)
☐ Nesiritide
☐ Nitroglycerine
☐ Nitroprusside (Nipride)
☐ Nitric Oxide
☐ Other, specify: _____

11. Catheter/Surgical Interventions Performed while listed: ☐ None ☐ Norwood procedure ☐ Defibrillator
☐ Stent, location _____ ☐ Septostomy ☐ Balloon dilation ☐ Pacemaker ☐ Other, specify _____

12. Recipient on Inotropes, Pressors, or Thyroid Hormones at time of transplant?
12a. T3 ☐ Yes ☐ No **12f.** Vasopressin ☐ Yes ☐ No **12i.** Neosynephrine ☐ Yes ☐ No
12b. T4 ☐ Yes ☐ No **12g.** Levophed ☐ Yes ☐ No **12j.** Other _____
12c. EPI ☐ Yes ☐ No **12h.** Milrinone ☐ Yes ☐ No
12d. Dopamine: ☐ None ☐ < 10 mcg ☐ 10-20 mcg ☐ > 20 mcg ☐ Unknown
12e. Dobutamine: ☐ None ☐ < 10 mcg ☐ 10-20 mcg ☐ > 20 mcg ☐ Unknown

13. Cardiopulmonary bypass time _____ min.
14. Total donor ischemic time _____ min.
15. Technique of transplant: ☐ Bicaval ☐ Atrial

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