

PEDIATRIC HEART TRANSPLANT STUDY

FORM 01T: 2010: Transplant Information (PG 1 of 1)

To be filled out at time of transplant

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

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

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

2. Type of Transplant: Orthotopic Heterotopic

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 _____ 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% O₂
- Dopamine
- Dobutamine
- Milrinone (Primacor)
- Isoproterenol (Isuprel)
- PGE (Alprostadiil)
- 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
- 12b. T4 Yes No
- 12c. EPI Yes No
- 12d. Dopamine: None < 10 mcg 10-20 mcg > 20 mcg Unknown
- 12e. Dobutamine: None < 10 mcg 10-20 mcg > 20 mcg Unknown
- 12f. Vasopressin Yes No
- 12g. Levophed Yes No
- 12h. Milrinone Yes No
- 12i. Neosynephrine Yes No
- 12j. Other _____

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