PEDIATRIC HEART TRANSPLANT STUDY

FORM 02: 2010: **Donor** (PG 1 of 1)

To be filled out at time of transplant

ID# **P** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

1. Donor Age: ☐ DAYS ☐ MON ☐ YRS

Donor Date of Birth: (MO | DAY | YR)

2. Gender: ☐ Male ☐ Female

3a. Donor Race: **(See Manual, check all that apply)**

- ☐ White
- ☐ Black
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Mid-east/Arabian
- ☐ Indian Subcontinent
- ☐ Other, specify: ______________

3b. Hispanic Origin:

- ☐ Yes
- ☐ No

4. Donor Height: _________ ☐ in ☐ cm

5. Donor Weight: _________ ☐ lb ☐ kg

6a. Cause of Death: (Check one)

Date of event:

___ ___ ___

- ☐ Anoxia
- ☐ Cerebrovascular
- ☐ CNS Tumor
- ☐ Head Trauma
- ☐ Other, specify: _________________

6b. Mechanism of Death: (Check one)

- ☐ Asphyxiation
- ☐ Blunt Injury
- ☐ Cardiovascular
- ☐ CNS Infection
- ☐ Drowning
- ☐ Drug Intoxication
- ☐ Electrical
- ☐ Gunshot Wound
- ☐ Seizure
- ☐ Stab
- ☐ Sudden Infant Death
- ☐ Other, specify: _________________

6c. Circumstances of Death: (Check one)

- ☐ Alleged Child Abuse
- ☐ Alleged Homicide
- ☐ Alleged Suicide
- ☐ Motor Vehicle Accident
- ☐ Non-Motor Vehicle Accident
- ☐ Other, specify: _________________

7a. Chest Compressions: (CPR) ☐ Yes ☐ No CPR Time: __________ minutes

7b. Downtime: _________ minutes

8. Donor Blood Type: ☐ A (If known: ☐ A1 ☐ A2) ☐ B ☐ AB ☐ O

9. Rh: ☐ Pos ☐ Neg

10. Donor HLA Allotype: ☐ NA	A	A	B	B	DR	DR

11. Donor Past Medical History: (Check all that are known)

- ☐ Hypertension
- ☐ Diabetes: **If so, on insulin** ☐ Yes ☐ No
- ☐ Mitral Valve Prolapse
- ☐ Infection, specify: ___________________
- ☐ History of Cancer: specify type/location: _________________
- ☐ Cancer at time of procurement, location: _________________

12. Pre-Transplant Donor Echocardiogram: ☐ Yes ☐ No **(If yes, complete section below, check all that apply)**

- ☐ Normal
- ☐ Abnormal
- ☐ Abnormal Septal Motion
- ☐ Diffuse Wall Motion Abnormality
- ☐ Focal Wall Motion Abnormality(s)
- ☐ Mitral Regurgitation (> mild)
- ☐ Tricuspid Regurgitation (> mild)
- ☐ Fractional Shortening: _____% ☐ NA
- ☐ Estimated LV Eject Fraction: _____% ☐ NA

13. Pre-Transplant Angiogram: ☐ Yes ☐ No **If yes, specify:** ☐ Normal ☐ Abnormal

If abnormal, specify: ____

14. Donor Serologies

GENERAL

HIV:	☐ Pos	☐ Neg	☐ NA
CMV IgG:	☐ Pos	☐ Neg	☐ NA
IFA Toxo:	☐ Pos	☐ Neg	☐ NA
EBV IgG:	☐ Pos	☐ Neg	☐ NA
RPR:	☐ Pos	☐ Neg	☐ NA

HEPATITIS

HBs Ag:	☐ Pos	☐ Neg	☐ NA
HB core Ab:	☐ Pos	☐ Neg	☐ NA
HBs Ab:	☐ Pos	☐ Neg	☐ NA
Hep C Ab:	☐ Pos	☐ Neg	☐ NA

15. Cardioplegia/Myocardial Protection (donor):

☐ Belzer ☐ Univ of Wisconsin ☐ Collins ☐ Roes ☐ Celsior ☐ Stanford ☐ Other, specify: ___________________

16. Donor on Inotropes, Pressors, or Thyroid Hormones at time of recovery/harvest?

16a. T3 ☐ Yes ☐ No **16f.** Vasopressin ☐ Yes ☐ No **16i.** Neosynephrine ☐ Yes ☐ No

16b. T4 ☐ Yes ☐ No **16g.** Levophed ☐ Yes ☐ No **16j.** Other ____________________

16c. EPI ☐ Yes ☐ No **16h.** Milrinone ☐ Yes ☐ No

16d. Dopamine: ☐ None ☐ < 10 mcg ☐ 10-20 mcg ☐ > 20 mcg ☐ Unknown

16e. Dobutamine: ☐ None ☐ < 10 mcg ☐ 10-20 mcg ☐ > 20 mcg ☐ Unknown

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