

PEDIATRIC HEART TRANSPLANT STUDY

FORM 12: 2010: Pre-Transplant Follow-up (PG 1 of 1)

This form is intended to capture key events while listed for heart transplant

ID# P	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P	Institutional Code	Sequential Patient Number	Patient Initials	Tran #			

To be completed at the yearly anniversary of listing date or when removed from list permanently due to death while waiting or transplantation.

1. Date of Follow-up: (MO | DAY | YR)

2a. Height: in cm lb kg

3. Current Status:

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 <6 mon old, pulmonary hypertension >50% systemic pressure
 In Hospital <6 mon old, pulmonary hypertension <50% systemic pressure
 Out Hospital Growth failure due to acquired or congenital heart disease
 ICU
 IV Inotropes, high
 IV Inotropes, low
 Hemo Monitoring
 Ventilator
If IABP VAD ECMO TAH, complete Mechanical Support Form (Form 15)

4. Changes of Status since listing or last Form 12:

Status _____ to Status _____	Date: _____	Reason Code: _____
Status _____ to Status _____	Date: _____	Reason Code: _____
Status _____ to Status _____	Date: _____	Reason Code: _____
Status _____ to Status _____	Date: _____	Reason Code: _____
Status _____ to Status _____	Date: _____	Reason Code: _____
Status _____ to Status _____	Date: _____	Reason Code: _____
Status _____ to Status _____	Date: _____	Reason Code: _____

Reason Codes:

- 2. Parent/patient reluctance
- 3. Alternative surgical treatment
- 4. Alternative medical treatment
- 5. Financial
- 6. Psychosocial
- 8. Infection
- 9. Deterioration
- 10. Improved
- 12. Neurological
- 14. Age now > 6 months
- 15. Other, specify: _____

5. Cardiac surgery since listing or last Form 12:

Code	Date	Surgical Codes:
1. _____	_____	1. AP Shunt
2. _____	_____	2. ASD Repair
3. _____	_____	3. Complete AV Septal Defect Repair
4. _____	_____	4. Congenitally Corrected Transposition Repair
5. _____	_____	5. Damus Kaye Stansel (DKS)
6. _____	_____	6. Ebstein's Anomaly Repair
		7. Fontan
		8. Glenn, Bi-directional
		11. PA Banding
		12. TOF/DORV/RVOTO Repair
		13. Transposition of the Great Vessels Repair
		14. Truncus Arteriosus Repair
		15. Valve Replacement or Repair for Outflow Obstruction
		16. VSD Repair
		17. Other, specify _____
		18. Other, specify _____
		19. Other, specify _____
		20. Other, specify _____
		21. Stage 1 Norwood – BT
		22. Stage 1 Norwood – RV-PA conduit
		23. Hybrid
		24. Defibrillator
		25. Pacemaker

6. Was patient permanently removed from Transplant Waiting List since listed or last Form 12:

No Yes **If yes, date removed:** _____

Reason Removed from List (check one):

<input type="checkbox"/> Considered too well	<input type="checkbox"/> Parent/Patient reluctance	<input type="checkbox"/> Contraindications _____
<input type="checkbox"/> Alternate surgical treatment	<input type="checkbox"/> Alternate medical treatment	<input type="checkbox"/> Other _____
<input type="checkbox"/> Financial	<input type="checkbox"/> Psychosocial	

7. Followed exclusively elsewhere: No Yes **If yes, date of transfer:** _____

8. Transplanted at your PHTS Center: No Yes **If yes, date transplanted:** _____ (Complete Forms 1T, 2, and 3)

9. Death: No Yes **If yes, date of death:** _____ (Complete Form 10)

10. Dialysis or Renal Transplant: No Yes (If yes, complete Form 14)

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