Form 1RL: Relisting

1. **Date of Relisting**

Height

- **Height**
  - Centimeters
  - Inches

Weight

- **Weight**
  - Kilograms
  - Pounds

Calculations

- BSA: n/a
- BMI: n/a

Missing Reason:
- Not Done
- Unknown

Has this patient been transplanted

- No
- Yes

Indicate total number of prior transplants

This includes transplants that were and were not done at your hospital.

Main reason for Re-Listing

- Coronary artery disease, (infarction, arrhythmia, CHF post MI)
- Non-Specific Graft Failure (>30 days post transplant)
- Pulmonary Hypertension/RV Failure Rejection, acute
- Rejection Hyperacute (onset < 24 hours post transplant)
- Rejection, Acute
- Sudden Cardiac Death, no MI documented
- Other, specify

Contributing reason for Re-Listing

- Coronary artery disease, (infarction, arrhythmia, CHF post MI)
- Non-compliance
- Non-specific graft failure (>30 days post transplant)
### Status Details at Re-Listing

<table>
<thead>
<tr>
<th>7</th>
<th>Status at Re-Listing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brazil</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
</tr>
<tr>
<td></td>
<td>United Kingdom</td>
</tr>
<tr>
<td></td>
<td>United States</td>
</tr>
</tbody>
</table>

#### 7a Status at Re-Listing, US

- 1 (this option is only for listings prior to 1999)
- 1A
- 1B
- 2
- 7

#### 7a Status at Re-Listing, Canada

- 0
- 1
- 2
- 3
- 3.5
- 4

#### 7a Status at Re-Listing, UK

- Routine
- Urgent

#### 7a Status at Re-Listing, Brazil

- Non-Priority
- Priority

#### 7b Was patient in or out of hospital at time of listing?

- In hospital
- Out of hospital

#### 7b.i Was patient in the ICU at time of relisting?

- No
- Yes
- Unknown

#### 7b.ii Did the patient require continuous invasive mechanical ventilation?

- No
- Yes
- Unknown

#### 7c Did the patient require continuous inotropes at time of listing?

- Yes
- No
- Unknown
### Infectious Disease Screening

**HIV Serology**  
- Negative  
- Unknown  
- Not Done  
- Positive  

**CMV Serology**  
- Negative  
- Unknown  
- Not Done  
- Positive  

**CMV PCR**  
- Negative  
- Unknown  
- Not Done  
- Positive  

**EBV Serology**  
- Negative  
- Unknown  
- Not Done  
- Positive  

**EBV PCR**  
- Negative  
- Unknown  
- Not Done  
- Positive  

**IFA Toxo**  
- Negative  
- Unknown  
- Not Done  
- Positive  

---

**7c.i**  
**Inotropes does**  
- Dose Unknown  
- High Dose or Multiple IV  
- Single Low Dose

**7d**  
**Did the patient have ductal dependent pulmonary or systemic circulation, with ductal patency maintained by stent or prostaglandin infusion?**  
- Yes  
- No  
- Unknown

**7e**  
**ABO incompatible**  
- No  
- Yes  
- Unknown

**7f**  
**Was patient on a VAD or ECMO at time of relisting?**  
- VAD  
- ECMO  
- Not on support at time of Relisting

**7f Specify initiation date (VAD)**

**Missing Reason:**  
- Unknown

**7f Specify initiation date (ECMO)**

**Missing Reason:**  
- Unknown

**7g**  
**Was patient listed for DCD (Donation after Cardiac Death) organ?**  
- Yes  
- No  
- Unknown  
- This is not current practice at our center
**Medical History at time of Re-Listing**

**Medical History**
- No
- Yes
- Unknown

**Medical History Details**
Select all medical history the patient had at the time of listing.

- Arrhythmia (current heart only)
- Cardiac arrest/CPR (current heart)
- Diabetes
- GI/Nutrition
- Heterotaxy/Isomerism
- Malignancy
- Metabolic Disorder
- Mitochondrial Disorder
- Neurological
- Pacemaker (current heart)
- Peripheral myopathy/neuromuscular disease
- Prenatal Diagnosis
- Prior transfusions
- Renal insufficiency
- Respiratory
- Shock (current heart)
- Syndrome
- Other, specify

**Date of last cardiac arrest/CPR**

**Pacemaker**
- Defibrillator/AICD
- Pacemaker, CRT/Biventricular pacing
<table>
<thead>
<tr>
<th>#</th>
<th>Field</th>
<th>Value</th>
<th>Missing Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Pacemaker, not CRT and not ICD, Date placed</td>
<td>[ ]</td>
<td>Unknown</td>
</tr>
<tr>
<td>9</td>
<td>CRT/Biventricular pacing</td>
<td>[ ]</td>
<td>Unknown</td>
</tr>
<tr>
<td>9</td>
<td>Defibrillator/AICD, Date Placed</td>
<td>[ ]</td>
<td>Unknown</td>
</tr>
<tr>
<td>9</td>
<td>Date of last appropriate Shock</td>
<td>[ ]</td>
<td>Unknown</td>
</tr>
<tr>
<td>9</td>
<td>Date of Last Hgb A1c</td>
<td>[ ]</td>
<td>Unknown</td>
</tr>
<tr>
<td>9</td>
<td>Value of Last Hgb A1c</td>
<td>[ ]</td>
<td>Not Done</td>
</tr>
<tr>
<td>9</td>
<td>Treating with Insulin</td>
<td>[ <img src="." alt="No" />, <img src="." alt="Yes" />, <img src="." alt="Unknown" /> ]</td>
<td>Unknown</td>
</tr>
<tr>
<td>9</td>
<td>GI/Nutrition</td>
<td>[ <img src="." alt="Failure to thrive/cachexia" />, <img src="." alt="Fontan associated liver disease" />, <img src="." alt="Infectious hepatitis" />, <img src="." alt="Protein losing Enteropathy" />, <img src="." alt="Other, specify" /> ]</td>
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<tr>
<td>9</td>
<td>Hepatitis History</td>
<td>[ <img src="." alt="A" />, <img src="." alt="B" />, <img src="." alt="C" />, <img src="." alt="Unknown" />, <img src="." alt="Other, specify" /> ]</td>
<td>Unknown</td>
</tr>
<tr>
<td>9</td>
<td>Heterotaxy/Isomerism</td>
<td>[ <img src="." alt="Asplenia" />, <img src="." alt="Polysplenia" />, <img src="." alt="Situs inversus" />, <img src="." alt="Unspecified" />, <img src="." alt="Other, specify" /> ]</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Malignancy
- Lymphoma, leukemia
- s/p BMT
- s/p Chest Radiation
- Solid organ cancer
- Unknown
- Other, specify

Neurologic
- Anoxic brain injury
- Hemorrhagic and/or thromboembolic stroke
- Other, specify

Anoxic Brain Injury Date

Missing Reason:
- Unknown

Hemorrhagic and/or Thromboembolic Stroke, Date Last

Missing Reason:
- Unknown

Peripheral myopathy/ neuromuscular disease
- Becker muscular dystrophy
- Duschenne muscular dystrophy
- Freidrich's ataxia
- Unspecified
- Other, specify

Respiratory
- Asthma
- Plastic Bronchitis
- Tracheostomy
- Unknown
- Other, specify

Syndrome
- Cardiofaciocutaneous syndrome
- Costello syndrome
- DiGeorge (22q11 deletion)
- Down's/Trisomy 21
- Ehlers-Danlos Syndrome
- LEOPARD/Multiple Lentigenes
- Loes-Dietz Syndrome
- Marfan Syndrome
- Noonan syndrome
- Other Marfan-like syndrome
- Turner Syndrome
- Unspecified
- Williams syndrome
- Other, specify

Renal Insufficiency
- Dialysis, acute (within past 30 days)
Insurance

Primary Insurance

- Charitable Donation – Indicates that a company, institution or individual(s) donated funds to pay for the care of the listed patient.
- Free – Indicates that the listing hospital will not charge the patient for the cost of the hospitalization.
- Government – Other US or state government insurance. For Example, Medicaid, Medicare, CHIP (Children's Health Insurance Program), Department of VA refers to funds from the Veterans Administration or others.
- Private – Refers to funds from agencies such as Blue Cross/Blue Shield, etc.
- Self Pay – Indicates that the recipient will pay for the largest portion of the cost of the hospitalization.
- Other – For example, funds from a foreign government. Specify foreign country in the space provided.

Percent or Panel Reactive Antibody (closest to relisting)

Cytotoxic PRA

- Done
- Not Done

T Cell %

B Cell %

Missing Reason:
- Not Done
- Unknown
**11a**  
**Date (Cytotoxic PRA)**  
Missing Reason:  
- Not Done  
- Unknown

**11b**  
**Cytotoxic PRA, DTE/DTT**  
Panel performed on serum treated with DTE or DTT (or equivalent) to reduce the IgM antibodies and identify high PRA results presumably secondary to a drug or other causes.  
- Done  
- Not Done

**11b**  
**T Cell %**  
Missing Reason:  
- Not Done  
- Unknown

**11b**  
**B Cell %**  
Missing Reason:  
- Not Done  
- Unknown

**11b**  
**Date (Cytotoxic PRA, DTE/DTT)**  
Missing Reason:  
- Unknown

**11c**  
**Flow Cytometry or Luminex PRA**  
- Done  
- Not Done

**11c**  
**Class I %**  
Missing Reason:  
- Unknown

**11c**  
**Class II %**  
Missing Reason:  
- Unknown

**11c**  
**Date MM/DD/YYYY**  
Missing Reason:  
- Unknown

**11d**  
**Re-listed for prospective crossmatch**  
- No  
- Yes  
- Unknown

**11d**  
**Prospective Crossmatch Type**  
- Donor Cells  
- Donor Cells and Virtual  
- Virtual  
- Unknown

**11d**  
**Virtual Crossmatch**  
- Avoidance of donor antigens to all antibodies present  
- Avoidance of donor antigens to antibodies above pre-specified threshold  
- Avoidance of donor antigens to C1q fixing antibodies only  
- Unknown
Hemodynamics Prior to Re-Listing

Indicate the hemodynamics even if the patient is on pressors or inotropes. Best hemodynamics are those performed during the administration of agents given specifically to lower the pulmonary arterial pressure or the pulmonary vascular resistance. All pressures should be listed in mmHg. If unclear, please consult with your PI.

<table>
<thead>
<tr>
<th>12a</th>
<th>Were hemodynamics done prior to relisting?</th>
<th>No</th>
<th>Yes</th>
<th>Unknown</th>
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<tr>
<td>12a</td>
<td>Date</td>
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</tr>
<tr>
<td></td>
<td>Missing Reason:</td>
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<td></td>
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<tr>
<td>12a</td>
<td>Fontan Mean Pressure</td>
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<tr>
<td></td>
<td>Missing Reason:</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
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<tr>
<td>12a</td>
<td>RAm (RAP or CVP)</td>
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<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>12a</td>
<td>PAm</td>
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<td></td>
<td></td>
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<tr>
<td>12a</td>
<td>PCW</td>
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<td></td>
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<tr>
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<tr>
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<td>SVC Sat</td>
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<td>Not Done</td>
</tr>
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<td></td>
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<td>Unknown</td>
</tr>
<tr>
<td>12a</td>
<td>AO Sat</td>
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<td>Rp, PVRI</td>
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<td></td>
<td>Missing Reason:</td>
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<td></td>
<td>Not Done</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td>12a</td>
<td>Rs, SVRI</td>
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<td></td>
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<td></td>
<td>Missing Reason:</td>
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<td></td>
<td>Not Done</td>
</tr>
<tr>
<td></td>
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<td>Unknown</td>
</tr>
<tr>
<td>12a</td>
<td>EDP</td>
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<tr>
<td></td>
<td>Missing Reason:</td>
<td></td>
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<td>Not Done</td>
</tr>
<tr>
<td></td>
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<td></td>
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</tr>
<tr>
<td>12a</td>
<td>C.O.</td>
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<tr>
<td></td>
<td>Missing Reason:</td>
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<td>Not Done</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
</tbody>
</table>
### 12a
Cardiac index (i.e. C.O. divided by m²) in L/min/m²

<table>
<thead>
<tr>
<th>Missing Reason:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Done</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

### 12b
Was patient on mechanical support at time of Hemodynamics

- No
- Yes
- Unknown

### 12b
Hemodynamic Agents

- No
- Yes
- Unknown

### 12b
Indicate agent for best hemodynamics

- 100% O2
- Dobutamine
- Dopamine
- Epinephrine
- Isoproterenol (Isuprel)
- Milrinone (Primacor)
- Nesiritide
- Nitric Oxide
- Nitroglycerin
- Nitroprusside (Nipride)
- Norepinephrine
- PGE (Alprostadil)
- PGI (Flolan)
- Phenylephrine/ Neosynephrine
- Sildenafil
- Vasopressin
- Other, specify

### Schooling

#### 13
Is patient in school?

- No
- Not Applicable
- Yes
- Unknown

#### 13
Are they at the age appropriate level?

- No
- Yes
- Unknown

#### 13
Are they in a special education class?

- No
- Yes
- Unknown

### Exercise Test
### Laboratory Values closest to time of this report
Note: labs may have been collected on different dates.

<table>
<thead>
<tr>
<th>14</th>
<th><strong>Was exercise test performed?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
</tr>
<tr>
<td></td>
<td>• Unknown</td>
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<table>
<thead>
<tr>
<th>14</th>
<th><strong>If test no, specify reason</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Age Inappropriate</td>
</tr>
<tr>
<td></td>
<td>• Too Sick</td>
</tr>
<tr>
<td></td>
<td>• Unknown</td>
</tr>
<tr>
<td></td>
<td>• Other, specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th><strong>Max VO2% Predicted for Age</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>14</th>
<th><strong>Respiratory Value at Peak</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Note: labs may have been collected on different dates.

<table>
<thead>
<tr>
<th>15</th>
<th><strong>Total Bilirubin</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mg/dL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15</th>
<th><strong>Direct Bilirubin</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mg/dL</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>15</th>
<th><strong>AST</strong></th>
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</thead>
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<tr>
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<table>
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<tr>
<th>15</th>
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<table>
<thead>
<tr>
<th>15</th>
<th><strong>BNP</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>pg/mL or ng/L</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>15</th>
<th><strong>Missing Reason:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Not Done</td>
</tr>
<tr>
<td></td>
<td>• Unknown</td>
</tr>
<tr>
<td>Parameter</td>
<td>Value</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Pro BNP</strong> (Pro NT B-type natriuretic peptide)</td>
<td>pg/mL or ng/L</td>
</tr>
<tr>
<td><strong>CRP</strong> (C reactive protein)</td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>Creatinine</strong></td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>BUN</strong> (Blood urea nitrogen)</td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>Cystatin C</strong></td>
<td>mg/L</td>
</tr>
<tr>
<td><strong>Total Protein</strong></td>
<td>g/dL</td>
</tr>
<tr>
<td><strong>Pre Albumin</strong></td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>Serum Albumin</strong></td>
<td>g/dL</td>
</tr>
<tr>
<td><strong>Cholesterol</strong> (Total Cholesterol)</td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>TG</strong> (Triglycerides)</td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>LDL</strong> (Low density lipoprotein)</td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>HDL</strong> (High density lipoprotein)</td>
<td>mg/dL</td>
</tr>
<tr>
<td><strong>VLDL</strong> (Very low density lipoprotein)</td>
<td>mg/dL</td>
</tr>
</tbody>
</table>
## NYHA and Ross' Heart Failure

### NYHA Classes
- **Class I**: No symptoms at any level of exertion and no limitation in ordinary physical activity.
- **Class II**: Mild symptoms and slight limitation during regular activity. Comfortable at rest.
- **Class III**: Noticeable limitation due to symptoms, even during minimal activity. Comfortable only at rest.
- **Class IV**: Severe limitations. Experience symptoms even while at rest (sitting in a recliner or watching TV).

### Ross Heart Failure Classes
- **Class I**: No limitations or symptoms
- **Class II**: Mild tachypnea and/or diaphoresis with feeds in infants; dyspnea on exercise in older children. No growth failure.
- **Class III**: Marked tachypnea and/or diaphoresis with feeds or exertion and prolonged feeding time with growth failure.
- **Class IV**: Symptomatic at rest with tachypnea, retractions, grunting or diaphoresis.