

CTS COLLABORATIVE TRANSPLANT STUDY

HEART OR HEART-LUNG/LUNG TRANSPLANT

Transplant Center _____

RECIPIENT

Name (Last, First) or ID _____ Age _____ Sex _____ Race _____ ABO _____

Viral Status

EBV pos neg

CMV pos neg

CMV prophylaxis

yes _____
 no Type, Manufacturer _____

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

Pretransplant Antibodies

Lymphocytotoxicity

Latest serum

T cells or unsep: _____ % pos

B cells: _____ % pos

sCD30 level: _____ units/mL

Solid Phase Assay (latest serum)

Class I neg pos % panel

ELISA _____

Luminex _____

Class II neg pos % panel

ELISA _____

Luminex _____

Does this patient have a **history of smoking?** yes no

Currently smoking? yes no

Does this patient receive **treatment for diabetes?** yes no

Has patient had previous open-heart surgery? yes no

Pretransplant VAD? yes no

Was mechanical heart implanted prior to this tx? yes no

If yes, for how many days? _____

Pretransplant Blood Transfusions: _____ No. units ever given

Original Disease

Cardiomyopathy → dilated
 ischemic

Coronary Disease

Other _____
specify _____

Your **general evaluation** of this patient as candidate for transplantation:

good
 moderate
 poor

If moderate or poor, indicate reason(s):

Urgency, acute
 Age
 Pulmonary Dysfunction
 Diabetes
 Compliance
 Other _____

Immunosuppressive Protocol (intention to treat). Check appropriate combination:

Cyclosporine

Optoral/Neoral
Generic

Tacrolimus

Prograf
Advagraf
Generic

Azathioprine

Mycophenolate (MPA)

CellCept
Myfortic
Generic

Steroids

IL2R-antibody induction

Sirolimus/Rapamycin

Everolimus/Certican

ATG prophylactic:

_____ ATG Manufacturer

Other monoclonal antibody: _____

Other Immunosuppression: _____

If patient is enrolled in immunosuppressive trial, check here

TRANSPLANT

Transplant Date

_____/_____/_____
Day Month Year

Graft Type

Heart → orthotopic
 heterotopic
 Heart-Lung
 Single-Lung
 Double-Lung

Graft No.

First
 Second
 Third

Urgency

Super urgent
 Urgent
 Normal

If Retransplant:

Number days previous graft functioned _____

Crossmatch results (latest pretransplant serum)

Indicate results **obtained** with + (pos) or - (neg), leave rest blank

Whole lymphocytes T cells B cells Flow
_____ _____ 37° or 22° 5° _____

If relevant:
Autologous
crossmatch _____

DTT
crossmatch _____

Crossmatch performed:

prospectively
 retrospectively

DONOR

Name (Initials) or ID _____ Age _____ Sex _____ Race _____ ABO _____

Viral Status: EBV pos neg

CMV pos neg

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

Preservation

St. Thomas
 Perfadex
 HTK
 Celsior
 UW
 Other _____
specify _____

Donor Death

Trauma
 Cerebrovascular
 Other _____
specify _____

Treated with

Dopamine
 Noradrenalin
 no treatment

Donor history of hypertension

Marginal donor for other reason _____
specify _____

Cold Ischemia (min)

Heart _____
Left Lung _____
Right Lung _____

Date

Signature

Mail to: Transplantation Immunology
Im Neuenheimer Feld 305
D-69120 Heidelberg · Germany