

CTS COLLABORATIVE TRANSPLANT STUDY

HEART OR HEART-LUNG/LUNG TRANSPLANT

Transplant Center _____

RECIPIENT

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

Viral Status: EBV pos neg
CMV pos neg

HLA-Serology

HLA-DNA Typing

A _____ B _____ DR _____

DNA-DRB _____ DNA-DQA _____ DNA-DQB _____

CMV prophylaxis yes _____
 no Type, Manufacturer _____

Pretransplant Antibodies

Lymphocytotoxicity

Latest serum

T cells or unsep: _____ % pos

B cells: _____ % pos

Solid Phase Assay (latest serum)

Class I neg pos _____ % panel

Class II neg pos _____ % panel

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

Currently smoking? no yes

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

Has patient had previous open-heart surgery? no yes

Pretransplant VAD? no yes

Was mechanical heart implanted prior to this transplant? no yes
if yes, for how many days? _____

Pretransplant Blood Transfusions:

Enter zero if none was given.

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**:

CYA-Neoral or CYA-Generic Sirolimus/Rapamycin ATG prophylactic → Manufacturer: _____
 preop (loading) Everolimus/Certican OKT3 prophylactic Other drugs: _____
 from day _____ MMF/CellCept or MMF generic Simulect prophylactic specify
 Tacrolimus/FK506 _____ Myfortic Zenapax prophylactic If patient is enrolled in **blind** trial, check here:
 Steroids _____ AZA

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) _____ Age _____ Sex _____ Race _____ ABO _____

Viral Status: EBV pos neg
CMV pos neg

HLA-Serology

HLA-DNA Typing

A _____ B _____ DR _____

DNA-DRB _____ DNA-DQA _____ DNA-DQB _____

Preservation

St. Thomas
 Collins
 HTK
 Stanford
 UW
 Celsior
 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
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