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Thoracic - Heart Transplant Recipient Follow-Up Worksheet

FORM APPROVED: O.M.B. NO. 0915-0157 Expiration Date: 08/31/2007

Recipient Information

Name: **DOB:**

SSN: **Gender:**

HIC: **Tx Date:**

Previous Follow-Up: **Previous Px Stat Date:**

Transplant Discharge Date:

State of Permanent Residence:

Zip Code: -

Provider Information

Recipient Center:

Followup Center:

Physician Name:

UPIN#:

Follow-up Care Provided By:

- Transplant Center
- Non Transplant Center Specialty Physician
- Primary Care Physician
- Other Specify

Specify:

Donor Information

UNOS Donor ID #:

Donor Type:

Patient Status

Date: Last Seen, Retransplanted or Death *

Patient Status: *

- LIVING
- DEAD

RETRANSPLANTED

Primary Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Contributory Cause of Death:

Specify:

Hospitalizations:

Has the patient been hospitalized since the last patient status date: YES NO UNK

Number of Hospitalizations: **ST=**

Hospitalized for Rejection: YES NO UNK

Hospitalized for Infection: YES NO UNK

Noncompliance:

Was there evidence of noncompliance with immunosuppression medication during this follow-up period that compromised the patient's recovery: YES NO UNK

Functional Status:

- Performs activities of daily living with NO assistance.
- Performs activities of daily living with SOME assistance.
- Performs activities of daily living with TOTAL assistance.
- Not Applicable (example: Patient hospitalized, < 1 year old)
- Unknown

Physical Capacity:

- No Limitations
- Limited Mobility
- Wheelchair bound or more limited
- Not Applicable (example: < 1 year old)
- Unknown

Working for income: YES NO UNK

Disability

If No, Not Working Due To:

- Demands of Treatment
- Insurance Conflict
- Inability to Find Work
- Patient Choice - Homemaker
- Patient Choice - Student Full Time/Part Time
- Patient Choice - Retired
- Patient Choice - Other
- Unknown

If Yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

Academic Progress:

- Within One Grade Level of Peers
- Delayed Grade Level
- Special Education
- Not Applicable < 5 years old
- Status Unknown

Academic Activity Level:

- Full academic load
- Reduced academic load
- Unable to participate in academics due to disease or condition
- Not Applicable < 5 years old
- Status Unknown

Primary Insurance at Follow-up:

Specify

Clinical Information

Height: ft. in. cm **%ile** **ST=**

Weight: lbs. kg **%ile** **ST=**

BMI: **%ile**

Graft Status: ○ Functioning ○ Failed

Date of Graft Failure:

Primary Cause of Graft Failure:
○ Primary Non-Function
○ Acute Rejection
○ Chronic Rejection/Atherosclerosis

Graft Function:

Heart:

Ejection Fraction: % **ST=**

Shortening Fraction: % **ST=**

Pacemaker: ○ YES ○ NO ○ UNK

Coronary Artery Disease: ○ YES ○ NO ○ UNK

Clinically Significant Events: ○ YES ○ NO ○ UNK

Post Transplant Events:

Drug Treated Hypertension: ○ YES ○ NO ○ UNK

Bone Disease (Symptomatic): ○ YES ○ NO ○ UNK

Chronic Liver Disease: ○ YES ○ NO ○ UNK

Cataracts: ○ YES ○ NO ○ UNK

Diabetes: ○ YES ○ NO ○ UNK

Diabetes: If Yes, Insulin Dependent: ○ YES ○ NO ○ UNK

Renal Dysfunction: ○ YES ○ NO ○ UNK

If Yes, Creatinine > 2.5 mg/dl: ○ YES ○ NO ○ UNK

Chronic Dialysis: ○ YES ○ NO ○ UNK

Renal Tx since Thoracic Tx: ○ YES ○ NO ○ UNK

Stroke:

	YES NO UNK
Drug Treated Hyperlipidemia:	YES NO UNK

Did patient have any acute rejection episodes during the follow-up period:	Yes, at least one episode treated with anti-rejection agent Yes, none treated with additional anti-rejection agent No Unknown
Was biopsy done to confirm acute rejection:	Biopsy not done Yes, rejection confirmed Yes, rejection not confirmed Unknown

Viral Detection

Were any of the following viruses diagnosed for onset or recurrence during this follow-up period:(HIV, CMV, HBV, HCV, EBV)	YES NO
HIV	YES NO
Test	**Result**
Was there clinical disease (ARC,AIDS):	YES NO UNK
Antibody:	Positive Negative Not Done UNK/Cannot Disclose
RNA:	Positive Negative Not Done UNK/Cannot Disclose

CMV	YES NO
Test	**Result**
Was there clinical disease:	YES NO UNK
	Positive Negative

IgG:
- Not Done
- UNK/Cannot Disclose

IgM:
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Nucleic Acid Testing:
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

Culture:
- Positive
- Negative
- Not Done
- UNK/Cannot Disclose

HBV YES NO

Test	**Result**
Was there clinical disease:	YES NO UNK
Liver Histology:	Positive / Negative / Not Done / UNK/Cannot Disclose
Core Antibody:	Positive / Negative / Not Done / UNK/Cannot Disclose
Surface Antigen:	Positive / Negative / Not Done / UNK/Cannot Disclose

HBV DNA:	○ Positive ○ Negative ○ Not Done ○ UNK/Cannot Disclose

HCV ○ YES ○ NO

Test	**Result**
Was there clinical disease:	○ YES ○ NO ○ UNK
Liver Histology:	○ Positive ○ Negative ○ Not Done ○ UNK/Cannot Disclose
Antibody:	○ Positive ○ Negative ○ Not Done ○ UNK/Cannot Disclose
RIBA:	○ Positive ○ Negative ○ Not Done ○ UNK/Cannot Disclose
HCV RNA:	○ Positive ○ Negative ○ Not Done ○ UNK/Cannot Disclose

EBV ○ YES ○ NO

Test	**Result**
Was there clinical disease:	○ YES ○ NO ○ UNK
IgG:	○ Positive ○ Negative ○ Not Done

	UNK/Cannot Disclose
IgM:	Positive Negative Not Done UNK/Cannot Disclose
EBV DNA:	Positive Negative Not Done UNK/Cannot Disclose

Postransplant Malignancy:	YES NO UNK
Donor Related:	YES NO UNK
Recurrence of Pre-Tx Tumor:	YES NO UNK
De Novo Solid Tumor:	YES NO UNK
De Novo Lymphoproliferative disease and Lymphoma:	YES NO UNK

Treatment

Biological or Anti-viral therapy:	YES NO Unknown/Cannot disclose
If Yes, check all that apply:	Acyclovir (Zovirax) Cytogamn (CMV) Gamimune Gammagard Ganciclovir (Cytovene) Valgancyclovir (Valcyte) HBIG (Hepatitis B Immune Globulin) Flu Vaccine (Influenza Virus) Lamivudine (Epivir) (for treatment of Hepatitis B) Other, Specify
Specify:	
Specify:	

Other therapies:	YES NO
If Yes, check all that apply:	Photopheresis Plasmapheresis Total Lymphoid Irradiation (TLI)

Immunosuppressive Information

Previous Validated Maintenance Follow-Up Medications:	
Were any medications given during the follow-up period for maintenance:	Yes, same as previous validated report Yes, but different than previous validated report None given
Did the physician discontinue all maintenance immunosuppressive medications:	YES NO
Did the patient participate in any clinical research protocol for immunosuppressive medications:	YES NO
Specify:	

Immunosuppressive Medications

View Immunosuppressive Medications

Definitions Of Immunosuppressive Follow-Up Medications

For each of the immunosuppressive medications listed, select **Ind** (Induction), **Maint** (Maintenance) or **AR** (Anti-rejection) to indicate all medications that were prescribed for the recipient during the initial transplant hospitalization period, and for what reason. If a medication was not given, leave the associated box(es) blank.

Induction (Ind) immunosuppression includes all medications given for a short finite period in the perioperative period for the purpose of preventing acute rejection. Though the drugs may be continued after discharge for the first 30 days after transplant, it will not be used long-term for immunosuppressive maintenance. Induction agents are usually polyclonal, monoclonal, or IL-2 receptor antibodies (example: Methylprednisolone, Atgam, Thymoglobulin, OKT3, Simulect, or Zenapax). Some of these drugs might be used for another finite period for rejection therapy and would be recorded as rejection therapy if used for this reason. For each induction medication indicated, write the total number of days the drug was actually administered in the space provided. For example, if Simulect or Zenapax was given in 2 doses a week apart, then the total number of days would be 2, even if the second dose was given after the patient was discharged.

Maintenance (Maint) includes all immunosuppressive medications given before, during or after transplant with the intention to maintain them long-term (example: Prednisone, Cyclosporine, Tacrolimus, Mycophenolate Mofetil, Azathioprine, or Rapamycin). This does not include any immunosuppressive medications given to treat rejection episodes, or for induction.

Anti-rejection (AR) immunosuppression includes all immunosuppressive medications given for the purpose of treating an acute rejection episode during the initial post-transplant period or during a specific follow-up period, usually up to 30 days after the diagnosis of acute rejection (example: Methylprednisolone, Atgam, OKT3, or Thymoglobulin). When switching maintenance drugs (example: from Tacrolimus to Cyclosporine; or from Mycophenolate Mofetil to Azathioprine) because of rejection, the drugs should not be listed under AR immunosuppression, but should be listed under maintenance immunosuppression.

If an immunosuppressive medication other than those listed is being administered (e.g., new monoclonal antibodies), select Ind, Maint, or AR next to Other Immunosuppressive Medication field, and enter the full name of the medication in the space provided. **Do not list non-immunosuppressive medications.**

	Prev Maint	Curr Maint	AR
Steroids (Prednisone,Methylprednisolone,Solumedrol,Medrol,Decadron)	☐	☐	☐
Atgam (ATG, Anti-thymocyte Globulin)/NRATG/NRATS	☐	☐	☐
OKT3 (Orthoclone, Muromonab)	☐	☐	☐
Thymoglobulin	☐	☐	☐
Simulect - Basiliximab	☐	☐	☐
Zenapax - Daclizumab	☐	☐	☐
Azathioprine (AZA, Imuran)	☐	☐	☐
EON (Generic Cyclosporine)	☐	☐	☐
Gengraf (Abbott Cyclosporine)	☐	☐	☐
Other generic Cyclosporine, specify brand:	☐	☐	☐
Neoral (CyA-NOF)	☐	☐	☐
Sandimmune (Cyclosporine A)	☐	☐	☐
Mycophenolate Mofetil (MMF, Cellcept, RS61443)	☐	☐	☐
Tacrolimus (Prograf, FK506)	☐	☐	☐
Sirolimus (RAPA, Rapamycin, Rapamune)	☐	☐	☐

Other Immunosuppressive Medications

	Prev Maint	Curr Maint	AR
Campath - Alemtuzumab (anti-CD52)	☐	☐	☐
Cyclophosphamide (Cytoxan)	☐	☐	☐
Leflunomide (LFL)	☐	☐	☐
Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	☐	☐	☐
Other Immunosuppressive Medication, Specify	☐	☐	☐
Other Immunosuppressive Medication, Specify	☐	☐	☐

Investigational Immunosuppressive Medications

	Prev Maint	Curr Maint	AR
Everolimus (RAD, Certican)	☐	☐	☐
ERL (Myfortic) - Mycophenolate Sodium	☐	☐	☐
FTY 720	☐	☐	☐

UNOS View Only

Comments:

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