

# CTS COLLABORATIVE TRANSPLANT STUDY

## HEART OR HEART-LUNG/LUNG TRANSPLANT

Transplant Center \_\_\_\_\_

### RECIPIENT

Name (Last, First) or ID \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ AB0 \_\_\_\_\_

### Viral Status

EBV  pos  neg

CMV  pos  neg

### HLA-Typing

A \_\_\_\_\_ B \_\_\_\_\_ DRB \_\_\_\_\_ DQA \_\_\_\_\_ DQB \_\_\_\_\_

CMV prophylaxis

yes \_\_\_\_\_  
 no Type, Manufacturer \_\_\_\_\_

### Pretransplant Antibodies (latest serum)

Lymphocytotoxicity (CDC) T cells or unsep.: \_\_\_\_\_ % B cells: \_\_\_\_\_ %

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

**Currently smoking?**  yes  no

### Luminex Single Antigen Assay

neg pos pos beads

### Donor Specific Antibodies (DSA)

no yes highest MFI

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

Class I   \_\_\_\_\_ %

Class I   \_\_\_\_\_

Has patient had previous open-heart surgery?  yes  no

Class II   \_\_\_\_\_ %

Class II   \_\_\_\_\_

Pretransplant VAD?  yes  no

Was mechanical heart implanted prior to this TX?  yes  no

If yes, for how many days? \_\_\_\_\_

Desensitization prior to transplant:  yes  no

sCD30 level: \_\_\_\_\_ units/mL

LAS (Lung Allocation Score): \_\_\_\_\_

### Original Disease

Cardiomyopathy →  dilated  
 ischemic

Cystic fibrosis  
 Pulmonary fibrosis  
 Emphysema

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

Azathioprine

Mycophenolate (MPA)

CellCept   
Myfortic   
Generic

IL2R-antibody induction

Sirolimus/Rapamycin

Everolimus/Certican

ATG prophylactic: \_\_\_\_\_

ATG Manufacturer

Tacrolimus

Prograf   
Advagraf   
Generic

Steroids

Other monoclonal antibody: \_\_\_\_\_

Other Immunosuppression: \_\_\_\_\_

If patient is enrolled in immunosuppressive trial, check here

### TRANSPLANT

Transplant Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

Graft Type

Heart  
 Heart-Lung  
 Single-Lung  
 Double-Lung  
 Living Lobar 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 CDC \_\_\_\_\_ T cells CDC \_\_\_\_\_ B cells CDC \_\_\_\_\_ Flow \_\_\_\_\_ Luminex \_\_\_\_\_ ELISA \_\_\_\_\_

### DONOR

Name (Initials) or ID \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ AB0 \_\_\_\_\_

Viral Status: EBV  pos  neg

CMV  pos  neg

### HLA-Typing

A \_\_\_\_\_ B \_\_\_\_\_ DRB \_\_\_\_\_ DQA \_\_\_\_\_ DQB \_\_\_\_\_

### Preservation

St. Thomas  
 Perfadex  
 HTK  
 Celsior  
 UW  
 Other \_\_\_\_\_

### Donor Death

Trauma  
 Cerebrovascular  
 Other \_\_\_\_\_

specify

Donor history of hypertension  
 Marginal donor for other reason \_\_\_\_\_  
 Non-heartbeating donor

specify

### Cold Ischemia (min)

Heart \_\_\_\_\_  
Left Lung \_\_\_\_\_  
Right Lung \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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