

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

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

Is this patient **currently a smoker**? yes no

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

Luminex Single Antigen Assay

neg pos pos beads

Class I _____ %

Class II _____ %

Donor Specific Antibodies (DSA)

no yes highest MFI

Class I _____

Class II _____

Has patient had previous open-heart surgery? yes no

Pretransplant mechanical circulatory or lung support? yes no

If yes: How many days? _____

Type of support? _____

Desensitization prior to transplant: yes no

LAS (Lung Allocation Score): _____

Original Disease

- Cardiomyopathy → dilated Cystic fibrosis
 ischemic Pulmonary fibrosis
 Coronary artery disease Emphysema
 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
 Non-Adherence
 Other _____
specify _____

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

Specify Drug

- Cyclosporine: _____
 Tacrolimus: _____
 Mycophenolates: _____
 Azathioprine
 Steroids

IL2R-antibody induction ATG prophylactic: _____
ATG manufacturer _____

Sirolimus/Rapamycin

Everolimus/Certican

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 _____ ABO _____

Viral Status: EBV pos neg
CMV pos neg

HLA-Typing

A _____ B _____ DRB _____ DQA _____ DQB _____

Cold Ischemia (min)

Heart _____ Left Lung _____
Right Lung _____

Donor Death

- Trauma
 Cerebrovascular
 Other _____
specify _____

Donor Risk

- Donor history of hypertension
 Non-heartbeating donor
 Marginal donor for other reason (e.g. smoking, tumor, DM)
reason(s) _____

Preservation

- Machine perfusion _____
manufacturer _____
method/temperature _____
Time: _____ hours

- Cold storage → St. Thomas
 Perfadex
 HTK
 Celsior
 Other _____
specify _____

Date _____

Name of form filler _____

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