HTx Listing Form (Scandia-tx)

Date of birth:		*Name:*	
Date of listing:		*Scandia no:*	
Vital parameters: Height$_{cm}$	Weight$_{kg}$	BP$_{mmHg}$ /	HR$_{bpm}$

Cardiac diagnosis at the time of listing (ISHLT options)

DCM	*RCM*	*Heart disease other*	*Graft failure*
☐ Idiopathic	☐ Idiopathic	☐ Coronary artery disease (IHD)	☐ Hyper acute rejection
☐ Adriamycin	☐ Amyloidosis ○ AL ○ ATTR	☐ Hypertrophic cardiomyopathy	☐ Acute rejection
☐ Post-Partum	☐ Endocardial fibrosis	☐ Valvular heart disease (VHD)	☐ Coronary artery disease
☐ Myocarditis	☐ Sarcoidosis	☐ Congenital heart disease	☐ Restrictive/Constrictive
☐ Giant cell myocarditis	☐ Radiation	☐ Muscular dystrophy	☐ Chronic rejection
☐ DCM other, specify:	☐ RCM other, specify:	☐ Heart disease other, specify:	☐ GF other, specify:

Past Medical History

Previous hypertension	☐ No	☐ Yes						
Diabetes treatment	☐ No	☐ Yes	→	☐ Diet	☐ Oral	☐ Insulin		
Lipid lowering treatment	☐ No	☐ Yes						
Previous smoker	☐ No	☐ Yes	→	☐ > 6 months ago	☐ < 6 months ago			
Atherosclerotic disease	☐ No	☐ Yes	→	☐ Coronary	☐ Cerebral	☐ Peripheral	☐ Other	
Familial cardiomyopathy	☐ No	☐ Yes						
Prev autoimmune disease	☐ No	☐ Yes	→	☐ RA	☐ SLE	☐ IBD	☐ Sclero	☐ Thyr ☐ Other
Chron obstr pulm disease	☐ No	☐ Yes						
Previous malignancy	☐ No	☐ Yes	→	☐ > 5 years ago	☐ < 5 years ago			
Prior thoracic surgery	☐ No	☐ Yes	→	☐ Sternotomy	☐ Thoracotomy	☐ Other		

Laboratory values at the time of listing

Cardiac	☐ ND	Hgb ☐g/L ☐mmol/L	LDL$_{mmol/L}$	proBNP$_{ng/L}$	TNT$_{ng/L}$
Renal	☐ ND	Creat$_{\mu mol/L}$	Urea$_{mmol/L}$	GFR$_{ml/min/1.73m^2}$	☐estimated ☐measured

Cardiac function at the time of listing

NYHA:	☐ NA	☐ I	☐ II	☐ III	☐ IV
ECG rhythm:	☐ ND	☐ sinus	☐ AFib	☐ Pacemaker	☐ Other
Echo:	☐ ND	EF$_{\%}$	LVEDD$_{cm}$	E/e´	GLS
Exercise test:	☐ ND	Watt$_{max}$	HR$_{max}$	SBP$_{max}$	VO$_{2max}$
Hemodynamics	☐ ND	PAWP$_{mmHg}$	sPAP$_{mmHg}$	CO$_{L/min}$	HR$_{bpm}$
		mRAP$_{mmHg}$	dPAP$_{mmHg}$	PVR$_{WU}$	SvO$_{2\%}$
		MAP$_{mmHg}$	mPAP$_{mmHg}$	PVR$_{dilated}$	AV-diff$_{ml}$

Advanced treatment at the time of listing

Hospitalisation	☐ No	☐ Yes	→	☐ Gen ward	☐ Intensive care	☐ Other		
Vasoact/anti-arrhy	☐ No	☐ Yes	→	☐ Inotrope	☐ Pulm vasodil	☐ Amiodarone	☐ Other	
Respiratory/Renal	☐ No	☐ Yes	→	☐ Ventilator	☐ CRRT/Dialysis	☐ Other		
Short-term MCS	☐ No	☐ Yes	→	☐ ECMO	☐ Impella	☐ IABP	☐ Other	
Long-term MCS	☐ No	☐ Yes	→	☐ LVAD	☐ RVAD	☐ BVAD	☐ TAH	☐ Other
Pacemaker device	☐ No	☐ Yes	→	☐ PM	☐ CRT	☐ ICD	☐ CRT+ICD	☐ Other

Date completed: .... *Person Completing Form:* ....