



<i>Kidney lab. values at time of listing</i> <input type="checkbox"/> Not done			
Creatinine	$\mu\text{mol/l}$	Bilirubin:	$\mu\text{mol/l}$
GFR:	$\text{l/min/1,73m}^2$	GFR method:	<input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured
Urea	$\text{mmol/l}$		
<b>Cardiac function (at time of listing)</b>			
Functional status (NYHA):	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IIIa	<input type="checkbox"/> IIIb <input type="checkbox"/> IV <input type="checkbox"/> U (Unknown)	
ECG rhythm:	<input type="checkbox"/> Not done <input type="checkbox"/> Sinus <input type="checkbox"/> AFib	<input type="checkbox"/> Pacemaker <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
<i>Echo</i> <input type="checkbox"/> Not done			
EF:	%	LVEDd:	cm
E/e ratio:		GLS:	
<i>Exercise test</i> <input type="checkbox"/> Not done			
Watt-max:		HR-max:	
SBP-max:		O <sub>2</sub> -max:	$\text{ml/kg/min}$
<i>Hemodynamics</i> <input type="checkbox"/> Not done			
mRAP:	$\text{mmHg}$	sPAP:	$\text{mmHg}$
dPAP:	$\text{mmHg}$	mPAP:	$\text{mmHg}$
PAWP:	$\text{mmHg}$	MAP:	$\text{mmHg}$
CO:	$\text{l/min}$	PVR:	wood
PVR-dilated:	wood	SVO <sub>2</sub> :	%
AV diff:	ml		
<b>Advanced treatment</b>			
Hospitalisation:	<input type="checkbox"/> Hospitalized but not in Intensive Care Unit <input type="checkbox"/> Patient in Intensive Care Unit <input type="checkbox"/> Not Hospitalized		
Vasoact/anti-arrhy:	<input type="checkbox"/> No <input type="checkbox"/> Inotrope <input type="checkbox"/> Pulm. Vasodil.	<input type="checkbox"/> Amiodarone <input type="checkbox"/> Other	
Respiratory/Renal:	<input type="checkbox"/> No <input type="checkbox"/> Ventilation	<input type="checkbox"/> CRRT/dialysis <input type="checkbox"/> Other	

Short term MCS:	<input type="checkbox"/> No <input type="checkbox"/> ECMO <input type="checkbox"/> Impella	<input type="checkbox"/> IABP <input type="checkbox"/> Other
Long term MCS:	<input type="checkbox"/> No <input type="checkbox"/> LVAD <input type="checkbox"/> RVAD	<input type="checkbox"/> BVAD <input type="checkbox"/> TAH <input type="checkbox"/> Other
Pacemaker device:	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CRT <input type="checkbox"/> ICD	<input type="checkbox"/> ICD+CRT <input type="checkbox"/> PM <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Other life support:		