

Scandiatransplant heart pre tx form			
Scandia number:		Date of birth:	
Basic info.			
Weight:	kg	Height:	cm
ISHLT diagnosis:		Diagn. comments:	
Medical history (past medical history)			
Hypertension (drug treated): <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Diabetes treatment: <input type="checkbox"/> No <input type="checkbox"/> Insulin <input type="checkbox"/> Diet controlled <input type="checkbox"/> Unspecified treatment <input type="checkbox"/> Oral hypoglycaemics <input type="checkbox"/> Not available			
Lipid lowering treatment: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Smoking: <input type="checkbox"/> No <input type="checkbox"/> Yes < 6 months <input type="checkbox"/> Unknown <input type="checkbox"/> Yes ≥ 6 months			
Atherosclerotic disease: <input type="checkbox"/> No <input type="checkbox"/> Peripheral <input type="checkbox"/> Coronary <input type="checkbox"/> Other <input type="checkbox"/> Cerebral <input type="checkbox"/> Unknown			
Familial cardiomyopathy: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Prev. autoimmune disease: <input type="checkbox"/> No <input type="checkbox"/> Scleroderma <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Thyroiditis <input type="checkbox"/> Systemic Lupus Erythematosus <input type="checkbox"/> Other <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Unknown			
Obst pulm disease (COPD): <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Prev. malignancy: <input type="checkbox"/> No <input type="checkbox"/> Yes < 5 years ago <input type="checkbox"/> Unknown <input type="checkbox"/> Yes ≥ 5 years ago <input type="checkbox"/> Yes			
Prior thorax surg.: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Surg. type: <input type="checkbox"/> Chemical Pleurodesis <input type="checkbox"/> Thoracotomy <input type="checkbox"/> LVRS <input type="checkbox"/> Thoracoscopi <input type="checkbox"/> Sternotomy <input type="checkbox"/> Other <input type="checkbox"/> Sternotomy and Thoracotomy <input type="checkbox"/> Unknown			
Laboratory tests			
<i>Cardiac lab. values at time of listing</i> <input type="checkbox"/> Not done			
Hemoglobin <input type="checkbox"/> g/l <input type="checkbox"/> mmol/l		LDL mmol/l	
proBNP mmol/l		TNT ng/l	

<i>Kidney lab. values at time of listing</i> <input type="checkbox"/> Not done	
Creatinine μmol/l	Bilirubin: μmol/l
GFR: l/min/1,73m²	GFR method: <input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured
Urea mmol/l	
Cardiac function (at time of listing)	
Functional status (NYHA):	<input type="checkbox"/> I <input type="checkbox"/> IIIb <input type="checkbox"/> II <input type="checkbox"/> IV <input type="checkbox"/> III <input type="checkbox"/> U <input type="checkbox"/> IIIa
ECG rhythm:	<input type="checkbox"/> Not done <input type="checkbox"/> Pacemaker <input type="checkbox"/> Sinus <input type="checkbox"/> Other <input type="checkbox"/> AFib <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 ₂ -max: ml/kg/min
<i>Hemodynamics</i> <input type="checkbox"/> Not done	
mRAP: mmHg	sPAP: mmHg
dPAP: mmHg	mPAP: mmHg
PAWP: mmHg	MAP: mmHg
CO: l/min	PVR: wood
PVR-dilated: wood	SVO ₂ : %
AV diff: ml	
Advanced treatment	
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"/> Amiodarone <input type="checkbox"/> Intrope <input type="checkbox"/> Other <input type="checkbox"/> Pulm. Vasodil.
Respiratory/Renal:	<input type="checkbox"/> No <input type="checkbox"/> CRRT/dialysis <input type="checkbox"/> Ventilation <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:		

Scandiatransplant heart tx form

Scandia number:		Date of birth:	
<i>Patient status</i>			
Date of transplantation:			
Date of tx. center discharge:		Where:	
		<input type="checkbox"/> Home <input type="checkbox"/> Other clinic <input type="checkbox"/> Rehab. center	
Weight:	kg	Height:	cm
Systolic blood pressure:	mmHg	Diastolic blood pressure:	mmHg
<i>Advanced treatment</i>			
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"/> Intrope <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"/> PM <input type="checkbox"/> CRT <input type="checkbox"/> ICD	
		<input type="checkbox"/> ICD+CRT <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Other life support:			
<i>Transplantation</i>			
Cardioplegia Code:		<input type="checkbox"/> No cardioplegia <input type="checkbox"/> Blood cardioplegia <input type="checkbox"/> Perfadex <input type="checkbox"/> Plegisol	
		<input type="checkbox"/> St Thomas <input type="checkbox"/> Other <input type="checkbox"/> UW Volume ml	
Cold ischemia time (DBD/DCD):		hours	minutes
CPB time:	min	Ex vivo perfusion: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	

Early post-tx events		
Intubation time:	hours	ICU stay: days
Re-intubation:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Re-operation:	<input type="checkbox"/> No <input type="checkbox"/> Haemorrhage <input type="checkbox"/> Other cause	<input type="checkbox"/> Unknown cause <input type="checkbox"/> No information
Short-term MCS:	<input type="checkbox"/> No <input type="checkbox"/> RVAD <input type="checkbox"/> LVAD <input type="checkbox"/> BiVAD	<input type="checkbox"/> ECMO <input type="checkbox"/> IABP <input type="checkbox"/> No information
CRRT/dialysis:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Post-tx events		
Treated rejection:	<input type="checkbox"/> No <input type="checkbox"/> TCMR <input type="checkbox"/> ABMR <input type="checkbox"/> Mixed	<input type="checkbox"/> Other <input type="checkbox"/> Unknown rej. type <input type="checkbox"/> No information
Cerebrovascular:	<input type="checkbox"/> No <input type="checkbox"/> Stroke <input type="checkbox"/> TIA	<input type="checkbox"/> Other <input type="checkbox"/> No information
Infection:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Type	Focus	Comments
<input type="checkbox"/> Bacteria septic	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Bacterial	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> CMV	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Pneumo. Jir.	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Other	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
Immunosuppression/treatment		
Induction immunosuppression	<input type="checkbox"/> Anti-lymphocyte globulin <input type="checkbox"/> Acetic salicylic acid <input type="checkbox"/> Anti-thymocyte globulin <input type="checkbox"/> Azathioprin <input type="checkbox"/> Azitromycin <input type="checkbox"/> Basiliximab <input type="checkbox"/> Blinded drug	<input type="checkbox"/> Fotopheres <input type="checkbox"/> Gammaglobin <input type="checkbox"/> Glycocorticosteroids <input type="checkbox"/> IL-2 block <input type="checkbox"/> Mycophenolate acid <input type="checkbox"/> Mycomophetil <input type="checkbox"/> Anti-CD3 antibodies

	<input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Cyclosporin-A <input type="checkbox"/> Daclizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None	<input type="checkbox"/> Plasmapheres <input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other
Comments		
Maintenance immunosuppression	<input type="checkbox"/> Anti-lymphocyte globulin <input type="checkbox"/> Acetic salicylic acid <input type="checkbox"/> Anti-thymocyte globulin <input type="checkbox"/> Azathioprin <input type="checkbox"/> Azitromycin <input type="checkbox"/> Basiliximab <input type="checkbox"/> Blinded drug <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Cyclosporin-A <input type="checkbox"/> Daclizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None	<input type="checkbox"/> Fotopheres <input type="checkbox"/> Gammaglobin <input type="checkbox"/> Glycocorticosteroids <input type="checkbox"/> IL-2 block <input type="checkbox"/> Mycophenolate acid <input type="checkbox"/> Mycomophetil <input type="checkbox"/> Anti-CD3 antibodies <input type="checkbox"/> Plasmapheres <input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other
Comments		
Hypertension:	<input type="checkbox"/> BB <input type="checkbox"/> CCB <input type="checkbox"/> ACEi <input type="checkbox"/> ARB	<input type="checkbox"/> MRI <input type="checkbox"/> Diuretic <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Diabetes treatment:	<input type="checkbox"/> No <input type="checkbox"/> Diet controlled <input type="checkbox"/> Oral hypoglycaemics	<input type="checkbox"/> Insulin <input type="checkbox"/> Unspecified treatment <input type="checkbox"/> Unknown
Pacemaker:	<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"/> No <input type="checkbox"/> Unknown
Dialysis:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	

Scandiatransplant heart follow up form		
Scandia number:		Date of birth:
Basic		
Date of follow up:		Follow up label:
Weight:	kg	Height cm
Systolic blood pressure:	mmHg	Diastolic blood pressure: mmHg
Events since last follow up		
Unplanned hospitalisation	<input type="checkbox"/> Rejection <input type="checkbox"/> Infection <input type="checkbox"/> Malignancy <input type="checkbox"/> Ischemic	<input type="checkbox"/> Other <input type="checkbox"/> No information <input type="checkbox"/> Other
Treated rejection:	<input type="checkbox"/> No <input type="checkbox"/> TCMR <input type="checkbox"/> ABMR <input type="checkbox"/> Mixed	<input type="checkbox"/> Other <input type="checkbox"/> Unknown rej. type <input type="checkbox"/> No information
Infection:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Type	Focus	Comments
<input type="checkbox"/> Bacteria septic	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Bacterial	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> CMV	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Pneumo. Jir.	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
<input type="checkbox"/> Other	<input type="checkbox"/> Respiratory <input type="checkbox"/> Urinary <input type="checkbox"/> Gastro-intestinal <input type="checkbox"/> Skin <input type="checkbox"/> Other <input type="checkbox"/> Not relevant	
Malignancy	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> LPD <input type="checkbox"/> Skin cancer <input type="checkbox"/> Other metastatic malignancy <input type="checkbox"/> Unspecified malignancy <input type="checkbox"/> Other primary malignancy	
Coronary Event	<input type="checkbox"/> Angina <input type="checkbox"/> AMI <input type="checkbox"/> PCI <input type="checkbox"/> CABG	<input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> No information
Cerebrovascular:	<input type="checkbox"/> Stroke <input type="checkbox"/> TIA <input type="checkbox"/> Other	<input type="checkbox"/> No <input type="checkbox"/> No information

Pregnancy outcome:	<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Other
	<input type="checkbox"/> Abortion	<input type="checkbox"/> No pregnancy
	<input type="checkbox"/> Livebirth	<input type="checkbox"/> No information
	<input type="checkbox"/> Stillbirth	
Laboratory tests		
<i>Cardiac lab. values, most recent</i> Not done <input type="checkbox"/>		
Hemoglobin:	g/l	mmol/l
LDL:		mmol/l
ProBNP:	ng/l	TNT: ng/l
<i>Kidney lab. values, most recent</i> Not done <input type="checkbox"/>		
S-Creatinine:	mmol/l	
GFR:	ml/min/1,73m ²	GFR method: <input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured
S-Urea:	mmol/l	
Graft function		
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"/> Unknown
ECG rhythm:	<input type="checkbox"/> Sinus <input type="checkbox"/> AFib <input type="checkbox"/> Pacemaker	<input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Not done
<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 ₂ -max: ml/kg/min
Cor. angiography:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, no stenosis <input type="checkbox"/> Yes, not significant stenosis <input type="checkbox"/> Yes, > 50% stenosis	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not done
IVUS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		OCT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>Hemodynamics</i> <input type="checkbox"/> Not done		
mRAP:	mmHg	sPAP: mmHg
dPAP:		mmHg
mPAP:	mmHg	PAWP: mmHg
MAP:		mmHg
CO:	l/min	PVR: wood
PVR-dilated:		wood
SVO ₂ :	%	AV diff: ml

<i>Immunosuppression</i>		
Maintenance immunosuppression	<input type="checkbox"/> Anti-lymphocyte globulin <input type="checkbox"/> Acetic salicylic acid <input type="checkbox"/> Anti-thymocyte globulin <input type="checkbox"/> Azathioprin <input type="checkbox"/> Azitromycin <input type="checkbox"/> Basiliximab <input type="checkbox"/> Blinded drug <input type="checkbox"/> Calcium channel blocker <input type="checkbox"/> Cyclosporin-A <input type="checkbox"/> Daclizumab <input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None	<input type="checkbox"/> Fotopheres <input type="checkbox"/> Gammaglobin <input type="checkbox"/> Glycocorticosteroids <input type="checkbox"/> IL-2 block <input type="checkbox"/> Mycophenolate acid <input type="checkbox"/> Mycomophetil <input type="checkbox"/> Anti-CD3 antibodies <input type="checkbox"/> Plasmapheres <input type="checkbox"/> Rapamycin <input type="checkbox"/> Sirolimus <input type="checkbox"/> TLI <input type="checkbox"/> Other
<i>Ongoing treatment</i>		
Hypertension:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Hypertension treatment drugs	<input type="checkbox"/> Angiotensin II antagonists <input type="checkbox"/> ACE inhib. <input type="checkbox"/> Aldosteron antagonist <input type="checkbox"/> Beta blockers <input type="checkbox"/> Ca blockers	<input type="checkbox"/> Diuretics <input type="checkbox"/> Digitalis <input type="checkbox"/> None <input type="checkbox"/> Other, please specify
Comments		
Heart failure:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Heart failure treatment drugs	<input type="checkbox"/> Angiotensin II antagonists <input type="checkbox"/> ACE inhib. <input type="checkbox"/> Aldosteron antagonist <input type="checkbox"/> Beta blockers <input type="checkbox"/> Ca blockers	<input type="checkbox"/> Diuretics <input type="checkbox"/> Digitalis <input type="checkbox"/> None <input type="checkbox"/> Other, please specify
Comments		
Diabetes treatment:	<input type="checkbox"/> No <input type="checkbox"/> Diet controlled <input type="checkbox"/> Oral hypoglycaemics	<input type="checkbox"/> Insulin <input type="checkbox"/> Not available <input type="checkbox"/> Unspecified treatment
Osteoporosis:	<input type="checkbox"/> Calcium <input type="checkbox"/> Vitamin D <input type="checkbox"/> Biphosfonate	<input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> No information
Pacemaker:	<input type="checkbox"/> CRT <input type="checkbox"/> ICD <input type="checkbox"/> ICD+CRT <input type="checkbox"/> PM	<input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Dialysis:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	