

<b>Scandiatransplant lung pre tx form</b>			
Scandia number:		Date of birth:	
<b>Basic info</b>			
Weight:	kg	Height:	cm
ISHLT diagnosis:		Diagn. comments:	
<b>Clinical status</b>			
Life support:	<input type="checkbox"/> No life support <input type="checkbox"/> ECMO <input type="checkbox"/> Non-invasive ventilation		<input type="checkbox"/> Ventilation <input type="checkbox"/> Other, please specify:
Pre-tx medical cond.:	<input type="checkbox"/> Not Hospitalized <input type="checkbox"/> Hospitalized, but not in ICU		<input type="checkbox"/> Patient in Intensive Care Unit
Creatinine:	μmol/l	Creatinine cl.:	ml/sec
Bilirubin:	μmol/l		
GFR:	ml/min/1.73m <sup>2</sup>	GFR method:	<input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured
Oxygen req. at rest:	<input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes l/min
<b>Medical history</b>			
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"/> LVRS <input type="checkbox"/> Sternotomy <input type="checkbox"/> Sternotomy and Thoracotomy		<input type="checkbox"/> Thoracotomy <input type="checkbox"/> Thoracoscopy <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Diabetes (insulin):	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Diabetes (non-ins): <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes
Dialysis:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Prev. malignancy: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes
Smoking:	<input type="checkbox"/> Yes < 6 months <input type="checkbox"/> Yes ≥ 6 months <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Steroid dependency:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		
<b>Hemodynamic</b>			
EF:	%	PAs:	mmHg
PAm:	mmHg	Pad:	mmHg
PVR:	wood	Pcw:	mmHg
		CO:	l/min
<b>Walk test + pulmonary function</b>			
Walk test:	with oxygen:		m
	without oxygen:		m
FVC:	l	FEV1	l
pO <sub>2</sub> (without oxyg.):	kPa	TLC:	l

## Scandiatransplant lung tx form

Scandia number:

Date of birth:

### **Basics**

Tx date:

Tx type:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Bilateral sequential | <input type="checkbox"/> Lower lobe |
| <input type="checkbox"/> En block double      |                                     |

Use of preoperative support:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> No support               | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> CPB                      | <input type="checkbox"/> Other       |
| <input type="checkbox"/> ECMO                     | <input type="checkbox"/> Unknown     |
| <input type="checkbox"/> Non-invasive ventilation |                                      |

Access:

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Sternotomy  | <input type="checkbox"/> Clamshell |
| <input type="checkbox"/> Thoracotomy |                                    |

Cold ischemia time:

hours

minutes

2<sup>nd</sup> Cold ischemia time:

hours

minutes

Ex Vivo Perfusion:

- No    Unknown    Yes

### **Early post-tx. info.**

Time of intubate:

hours

ICU stay:

days

Induction immunosuppression

- |   |   |
|---|---|
| <input type="checkbox"/> Anti-lymphocyte globulin | <input type="checkbox"/> Fotopheres           |
| <input type="checkbox"/> Acetic salicylic acid    | <input type="checkbox"/> Gammaglobin          |
| <input type="checkbox"/> Anti-thymocyte globulin  | <input type="checkbox"/> Glycocorticosteroids |
| <input type="checkbox"/> Azathioprin              | <input type="checkbox"/> IL-2 block           |
| <input type="checkbox"/> Azitromycin              | <input type="checkbox"/> Mycophenolate acid   |
| <input type="checkbox"/> Basiliximab              | <input type="checkbox"/> Mycomophetil         |
| <input type="checkbox"/> Blinded drug             | <input type="checkbox"/> Anti-CD3 antibodies  |
| <input type="checkbox"/> Calcium channel blocker  | <input type="checkbox"/> Plasmapheres         |
| <input type="checkbox"/> Cyclosporin-A            | <input type="checkbox"/> Rapamycin            |
| <input type="checkbox"/> Daclizumab               | <input type="checkbox"/> Sirolimus            |
| <input type="checkbox"/> Everolimus               | <input type="checkbox"/> TLI                  |
| <input type="checkbox"/> Tacrolimus               | <input type="checkbox"/> Other                |
| <input type="checkbox"/> None                     |   |

Comments

Maintenance immunosuppression

- |   |   |
|---|---|
| <input type="checkbox"/> Anti-lymphocyte globulin | <input type="checkbox"/> Fotopheres           |
| <input type="checkbox"/> Acetic salicylic acid    | <input type="checkbox"/> Gammaglobin          |
| <input type="checkbox"/> Anti-thymocyte globulin  | <input type="checkbox"/> Glycocorticosteroids |
| <input type="checkbox"/> Azathioprin              | <input type="checkbox"/> IL-2 block           |
| <input type="checkbox"/> Azitromycin              | <input type="checkbox"/> Mycophenolate acid   |
| <input type="checkbox"/> Basiliximab              | <input type="checkbox"/> Mycomophetil         |
| <input type="checkbox"/> Blinded drug             | <input type="checkbox"/> Anti-CD3 antibodies  |
| <input type="checkbox"/> Calcium channel blocker  | <input type="checkbox"/> Plasmapheres         |
| <input type="checkbox"/> Cyclosporin-A            | <input type="checkbox"/> Rapamycin            |
| <input type="checkbox"/> Daclizumab               | <input type="checkbox"/> Sirolimus            |

<input type="checkbox"/> Everolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> None		<input type="checkbox"/> TLI <input type="checkbox"/> Other	
Comments			
<b>Post-tx. hospital events</b>			
Stroke: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Dialysis: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Other surg. proc.: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Reoperation: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Prim. graft dysfunc.: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Dysfunction support: <input type="checkbox"/> No <input type="checkbox"/> ECMO, planned <input type="checkbox"/> ECMO, unplanned		<input type="checkbox"/> Mechanical support, unspecified <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Drug tr. Rejections: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes		Airway comp.: <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
Infection(s): <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes			
Type	Focus	Comments	
<input type="checkbox"/> Aspergillus	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Bacterial non-sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Bacterial sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> CMV	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> PCP	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Toxo	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Other fungal infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Other infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<input type="checkbox"/> Unspecified infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others		
<b>Patient status</b>			
Date of tx. center discharge:			
Where: <input type="checkbox"/> Home <input type="checkbox"/> Other clinic <input type="checkbox"/> Rehab. Cen.			

<b>Scandiatransplant lung follow up form</b>		
Scandia number:	Date of birth:	
<b>Basics</b>		
Date of follow up:	Follow up label:	
Weight:	kg	Height <span style="float: right;">cm</span>
<b>Graft function</b>		
FVC:	l	FEV1: <span style="float: right;">l</span>
TLC:	l	DLCO: <span style="float: right;">% predicted</span>
O <sub>2</sub> req. at rest:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	l/min
CLAD:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
CLAD grade:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Acute rejections:	<input type="checkbox"/> Yes, at least one episode treated with anti-rejection agent <input type="checkbox"/> Yes, none treated with additional anti-rejection agent	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Biopsy proven:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
6. min walk test:	with oxygen:	without oxygen:
<b>Immunosuppression</b>		
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:		
<b>Post tx. events</b>		
Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Diabetes drugs:	<input type="checkbox"/> Insulin <input type="checkbox"/> Per oral <input type="checkbox"/> Other	

Malignancy:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Malignancy code:	<input type="checkbox"/> Lympho proliferative disease	<input type="checkbox"/> Skin cancer
	<input type="checkbox"/> Other metastatic malignancy	<input type="checkbox"/> Unspecified malignancy
	<input type="checkbox"/> Other primary malignancy	
Infection(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No info	
Infection code	Focus	Comments
<input type="checkbox"/> Aspergillus	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Bacterial non-sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Bacterial sepsis	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> CMV	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> PCP	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Toxo	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Other fungal infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Other infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Other viral infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<input type="checkbox"/> Unspecified infection	<input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Heart <input type="checkbox"/> Lung <input type="checkbox"/> Skin <input type="checkbox"/> Soft tissue <input type="checkbox"/> Wound <input type="checkbox"/> Others	
<b><i>Renal function</i></b>		
GFR:	ml/min/1.73m <sup>2</sup>	GFR method: <input type="checkbox"/> Calculated/estimated <input type="checkbox"/> Measured
S-creatinine:	mmol/l	Dialysis: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown