UVA Health

0300011

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

HEART TRANSPLANT PROGRAM - POTENTIAL RECIPIENT LISTING FORM

Patient Name:_____ MRN _____

Committee Presentation Date: _____

Selection Criteria Met (check all that apply)

- ☐ Patient is NYHA class III or IV heart failure secondary to cardiomyopathy or congenital heart disease on optimal medical therapy and has a very poor prognosis as a result of his/her cardiac status with an expected mortality on medical therapy in excess of 50% at one year and is not a candidate for surgical therapy other than heart transplantation or intervention such as an implanted ventricular assist device.
- ☐ Life expectancy less than 50% 1 year due to a cardiac condition
- ☐ Poor ventricular function (LVEF generally <20-25%)

OUTCOME

- ☐ Accepted for Listing
- ☐ Deferred (Comment required)

Comment:

- ☐ Declined for listing due to:
  - ☐ Active systemic infection
  - ☐ Positive HIV status
  - ☐ A recent (< 6 months) and/or unresolved pulmonary infarction or other abnormalities of unclear etiology
  - ☐ Inadequately controlled hypertension requiring multi-drug therapy
  - ☐ Evidence of other systemic disease likely to limit survival or rehabilitation including malignancy
  - ☐ Age > 70
  - ☐ Cachexia or BMI < 18.5
  - ☐ Significant psychological problems or a history of behavior that is considered likely to interfere with compliance with a disciplined medical regimen
  - ☐ Recent (≤ 6 months) of active substance abuse including tobacco products and drug abuse
  - ☐ Evidence of end organ dysfunction associated with diabetes such as retinopathy, peripheral neuropathy or gastroparesis
  - ☐ Pulmonary hypertension
  - ☐ 24 hour urine creatinine clearance < 40
  - ☐ Obese, BMI > 35

Listing / TCR Information:

Sudden Death @ Listing Y / N	Drug Treated Hypertension @ Listing Y / N	Race: Black / Multiracial / Hispanic / White / Asian
Colonoscopy Needed: Y / N	Diagnosis: Congenital / Coronary Artery Disease / Cardiomyopathy **Other:**	

Listing parameters:

Minimal acceptable donor age:_____, Maximum age: _____

Minimal acceptable donor weight:_____lb/kg, Maximum weight:_____lb/kg

Transplant Coordinator:_____ Date _____
Signature / PIC

Surgeon:_____ Date _____
Signature / PIC

Physician:_____ Date _____
Signature / PIC

Evaluation Components Completed

☐ Medical Evaluation	Date _____	☐ Two ABO's Verified	Date _____
☐ Surgical Evaluation	Date _____	☐ PPD Results reviewed	Date _____
☐ Psycho-Social Evaluation	Date _____	☐ Financial Clearance	Date _____
☐ Diagnostics	Date _____	☐ Pharmacy Assessment	Date _____
☐ Nutrition Assessment	Date _____	☐ Agreement of Understanding	Date _____

For Transplant Record