

MALAYSIAN HEART AND LUNG TRANSPLANT FOLLOW-UP FORM

Instruction: Where check boxes are provided, check (✓) one or more boxes. Where radio buttons are provided, check (✓) one box only. NA refers to Not Applicable. Fill in the date with dd/mm/yyyy format.

Office use:		
Centre:		

1. Name of reporting centre / name of follow up centre:			
2. Transplant Centre Name :			
3. Name :		4. Registration Number:	
5. NRIC : *	MyKad: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Old ID: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
	Other ID document No: <input style="width: 100%; height: 20px;" type="text"/>		
	Specify document type (if others): <input type="radio"/> Registration number <input type="radio"/> Mother's I/C <input type="radio"/> Armed Force ID <input type="radio"/> Date of Birth <input type="radio"/> Passport <input type="radio"/> Father's I/C <input type="radio"/> Work Permit # <input type="radio"/> Lab number <input type="radio"/> Others		
	<12 years: Birth cert #: <input style="width: 100%; height: 20px;" type="text"/>		I/C Guardian: <input style="width: 100%; height: 20px;" type="text"/> Sibling ranking: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

PROVIDER INFORMATION

1. Follow-Up care provided by:	<input type="radio"/> Transplant Centre <input type="radio"/> Non-Transplant Centre Specialty Physician		<input type="radio"/> Primary Care Physician <input type="radio"/> Others, specify _____	
2. Date of follow-up : *	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (dd/mm/yyyy)			

SECTION 1 : PATIENT STATUS AT TIME OF FOLLOW-UP

1. Patient Status *	a. Date of Report, Death or retransplant	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> (dd/mm/yyyy)		
	b. Patient Status:	<input type="radio"/> Living <input type="radio"/> Dead <input type="radio"/> Lost to Follow-Up <input type="radio"/> Retransplanted since last Follow-Up	i. Cause of death: (Use code)	
			ii. Specify:	
2a. Hospitalization during follow-up period:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown			
2b. Number of transplant related hospitalizations:	<input style="width: 20px; height: 20px;" type="text"/> (if >0)			
	b.(i). Was patient in ICU	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
	b.(ii). Hospitalized for rejection	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
	b.(iii). Hospitalized for infection	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
3. Noncompliance	a. Patient noncompliant during follow-up period?	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available		
		If Yes, indicate areas of noncompliance (>1) <ul style="list-style-type: none"> <input type="checkbox"/> Immunosuppression medication <input type="checkbox"/> Patient unable to afford immunosuppression medications <input type="checkbox"/> Other medication <input type="checkbox"/> Other therapeutic regimen Specify: _____ Specify: _____		
4. Functional Status at Follow-Up:	<input type="radio"/> No activity limitations. (NYHA Class I or Class II) <input type="radio"/> Performs activities of daily living with some assistance. (NYHA Class III) <input type="radio"/> Performs activities of daily living with total assistance. (NYHA Class IV) <input type="radio"/> N/A Patient hospitalized <input type="radio"/> Unknown			
5. Employment Status:	<input type="radio"/> Student <input type="radio"/> Not Working Due to Disease <input type="radio"/> Working Full Time <input type="radio"/> Not Working, Unable to Find Employment <input type="radio"/> Working Part Time By Choice <input type="radio"/> Not Working, Reason Unknown <input type="radio"/> Working Part Time Due to Disease <input type="radio"/> Retired <input type="radio"/> Working Part Time, Reason Unknown <input type="radio"/> Employment Status Unknown <input type="radio"/> Not Working By Choice <input type="radio"/> Others, specify: _____			

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SECTION 2 : CLINICAL INFORMATION

1a. Weight (kg):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> </tr> </table>						
1b. Height (cm):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> </tr> </table>						
2. Graft Status:	a. Heart	i. Ejection fraction (%):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> </tr> </table>				
		ii. Pacemaker:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available				
		iii. Coronary Artery Disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available				
		iv. Clinically significant events	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available				
	b. Lung	i. FEV1 (%):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> </tr> </table>				
		ii. O₂ requirement at rest (L/min):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> </tr> </table>				
		iii. Bronchiolitis Obliterans (since last follow-up)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available				
		iv. Bronchial Stricture (since last follow-up)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available				
			<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> If Yes, stent? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available </div>				
3a. Patient treated for rejection:	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available						
3b. Number of rejection events:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> <td style="width: 25px; border: 1px solid black; text-align: center;"> </td> </tr> </table>						
4. Serology:	a. HIV	Screening:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		Confirmation:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
	b. CMV	IgG:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		IgM:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		DNA:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
	c. Hep B	Core Antibody:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		Surface Antigen:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		HBV DNA:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
	d. Hep C	Antibody Screen:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		RIBA Test:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		HCV RNA:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
	e. EBV	IgG:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		IgM:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
		DNA:	<input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Unknown <input type="radio"/> Not available				
5. Post Transplant Events:	a. Drug Treated Hypertension	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available					
	b. Bone Disease (Symptomatic)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available					
	c. Chronic Liver Disease	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available					
	d. Cataracts	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available					
	e. Diabetes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available					
		<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> i. Insulin dependent? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available </div>					
	f. Renal Dysfunction	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available					
		<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> i. Creatinine > 2.5 mg/dl ? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available </div>					
		<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> ii. Chronic Dialysis? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available </div>					
		<div style="border: 1px dashed black; padding: 5px; display: inline-block;"> iii. Renal Tx since Thoracic Tx: <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> Not available </div>					

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SECTION 2 : CLINICAL INFORMATION (Continue)

5. Post Transplant Events: <i>(cont.)</i>	g. Stroke	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	h. Drug Treated Hyperlipidemia	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	i. Others, specify:				
6. Post Transplant malignancies:	a. Donor related	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	b. Recurrence of pre-transplant tumor	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	c. De Novo solid tumor	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	d. De Novo Lymphoproliferative	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	e. Skin	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available

SECTION 3 : TREATMENT

1. Immunosuppressive information:	a. Are any medications given currently for maintenance or anti-rejection?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	i. Did the physician discontinue all immunosuppressive medications?	<input type="radio"/> No	<input type="radio"/> Unknown	<input type="radio"/> Yes	<input type="radio"/> Not available
	b. Did the patient participate in any clinical research protocol for immunosuppressive medications?	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	<i>Specify:</i>				
2. Other Therapy:	a. Photopheresis	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	b. Plasmapheresis	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	c. Total Lymphoid Irradiation (TLI)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
3. Biologicals / Vaccines:	a. Cytogam (CMV)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	b. Gamimune N 10%	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	c. Gammagard SD	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	d. Acyclovir (Zovirax)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	e. Ganciclovir (Cytovene)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	f. HBIG (Hepatitis B Immune Globulin)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	g. Flu Vaccine (Influenza virus)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown	<input type="radio"/> Not available
	h. Others, specify:				

SECTION 4 : IMMUNOSUPPRESSION THERAPY

1. Steroids:	a. Prednisone	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	b. Methylprednisolone	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
2. T-Cell Activation Inhibitors:	a. Cyclosporin A (CSA, Sandimmune, CyA, CyS)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	b. Neoral (CyA-NOF)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	c. FK506 (Prograf, Tacrolimus)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	d. Rapamycin (RAPA, Sirolimus, Rapamune)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	e. Gengraf	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
3. Antimetabolite:	a. Azathioprine (AZA, Imuran)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	b. Mycophenolate Mofetil (MMF, Cellcept, RS61443)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	c. Cytoxan (Cyclophosphamide)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	d. Methotrexate (Folex, PFS, Mexate-AQ, Rheumatrex)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej

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SECTION 4 : IMMUNOSUPPRESSION THERAPY (cont.)

4. Anti-Lymphocyte Receptor Antibodies:	a. T10B9 (Medimmune)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	b. ATG (Atgam, Anti-thymocyte Globulin)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	c. NRATG / NRATS	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	d. OKT3 (Orthoclone, Muromonab)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	e. Thymoglobulin	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	f. Zenepax	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	g. Simulect	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
5. Cytokine Inhibitors:	a. IL - 1 Receptor Antagonist	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	b. Anti - IL - 6	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	c. Anti - TNF	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
	d. Soluble IL - 1 Receptor	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
6. Suppressor Inducers:	a. Aldesleukin (IL - 2)	<input type="checkbox"/> All Maint since last report	<input type="checkbox"/> Maint at time of report	<input type="checkbox"/> Anti-rej
7. Other Immunosuppressive Medication:				