Anzdata Registry

CTS Collaborative Transplant Study

Pre-Transplant Data

Dec 05

This form is additional to the main data form

Registry Number	INITIAL HOSPITAL		CURRENT PARENT HOSPITAL		PHYSICIAN
	Hospital / State	Hosp. Unit No.	Hospital / State	Hosp. Unit No.	

RECIPIENT SURNAME	GIVEN NAMES	DATE OF BIRTH	SEX

Graft No.	Transplant Date	Transplant Hospital

YOUR GENERAL EVALUATION **of this patient as a candidate for transplantation:**

G = Good **M** = Moderate **P** = Poor	

IF MODERATE OR POOR, indicate reason(s)

Age	Cardio vascular	Com-pliance	Obesity

Yes or **No**

Other - Specify

CURRENTLY SMOKING

Yes / No

PRE TRANSPLANT BLOOD TRANSFUSION **(including DST)**

No. of units ever given. Enter zero if none given.
Leave blank if not known exactly.

Whole Blood	Packed	Washed	Frozen or Filtered

DATE last transfused prior to transplant

dd	mm	yy

If Living Donor: **Number of donor-specific transfusions (DST)**

CROSSMATCH RESULTS - Indicate results obtained with **P** (positive) or **N** (negative)

	Whole Lymphocytes	**T-Cells**	**B-Cells (unabsorbed)**	**Flow**	**ELISA**	**Autologous** X-match against recipient cells T	**Autologous** X-match against recipient cells B	**DTT X-match**
Highest Reactive Serum								
Latest Serum								