



# Pulmonary Conduit Study

UPDATED APRIL 2006

## PATIENT ENROLLMENT FORM

### OVERALL GOAL & OBJECTIVES:

- To assemble a multi-institutional inception cohort of infants less than 2 years of age having pulmonary ventricle-pulmonary artery conduit placement
- Determine best conduit for infants and young children
- Determine optimal conduit for replacement of previous conduits

### INCLUSION CRITERIA:

Valved Conduit implant at age < 2 years at member institution. Date of first implant AFTER January 1, 2002  
*Note: Patients who have 1.5 ventricle repair ( eg CCTGA) are included*

AND  Survival to hospital discharge after conduit insertion

AND  First pulmonary ventricle-pulmonary artery conduit placement

AND  Informed Consent from patient's parent or guardian

### EXCLUSION CRITERIA:

- Single ventricle RV-PA Conduit - (e.g. Norwood RV-PA conduit)       Non-valved conduit
- VSD fenestrated or not closed

### For CHSS Data Center Use Only

Date placed on Registry: \_\_\_\_\_ Enrolled by: \_\_\_\_\_  
 Study Number: \_\_\_\_\_

### To be completed by Enrollment Institution, for EACH patient being enrolled

Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Death Date (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_ Gender:  Male  Female Race: \_\_\_\_\_  
 Birth Wt.: \_\_\_\_\_ Birth Ht.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Bloodtype: \_\_\_\_\_ RH Type: \_\_\_\_\_  
 Institution: \_\_\_\_\_ Surgeon: \_\_\_\_\_  
 Hospital #: \_\_\_\_\_ Date of first conduit placement: \_\_\_\_\_  
 Cardiac Diagnosis: \_\_\_\_\_  
 Paediatric Cardiologist: \_\_\_\_\_ Local M.D. \_\_\_\_\_

### What needs to be sent for each patient?

- |   |  |
|---|--|
| <input type="checkbox"/> Admission slip or equivalent for demographic information   | <input type="checkbox"/> ALL Cath reports ( <i>diagnostic or interventional</i> )  |
| <input type="checkbox"/> Admission history and physical<br>(to include height, weight, oxygen saturation, signs and symptoms) | <input type="checkbox"/> Echo reports ( <i>pre-conduit echo and ALL echos post conduit placement - including any TEE</i> ) |
| <input type="checkbox"/> ALL Operative reports  | <input type="checkbox"/> Discharge summaries   |
| <input type="checkbox"/> Implant sheet ( <i>Manufacturer, Serial #, donor information</i> )                                   | <input type="checkbox"/> Autopsy report / Death report ( <i>if applicable</i> )  |
| <input type="checkbox"/> ALL Perfusion records ( <i>to include patient bloodtype</i> )  | <input type="checkbox"/> Cardiac Clinic letters  |
|   | <input type="checkbox"/> Any subsequent cardiac related hospital admission   |

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